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A Study of Selected Dimensions of the Counselor-Client Relationship

Derwyn L. Anderson

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A STUDY OF SELECTED DIMENSIONS OF THE
COUNSELOR-CLIENT RELATIONSHIP

by

Derwyn L. Anderson

B. A., North Park College, 1965
M. A., University of North Dakota, 1967

A Dissertation
Submitted to the Faculty
of the
University of North Dakota
in partial fulfillment of the requirements
for the Degree of
Doctor of Philosophy

Grand Forks, North Dakota

July
1968

This Dissertation submitted by Derwyn L. Anderson in partial fulfillment of the requirements for the Degree of Doctor of Philosophy from the University of North Dakota is hereby approved by the Faculty Advisory Committee under whom the work has been done.

Peter T. Hountalas
Chairman

Eldon M. Gade

Richard D. Groz

Beverly Hedahl

Edward Nelson

William Johnson
Dean of the Graduate School

Permission

Title A STUDY OF SELECTED DIMENSIONS OF THE COUNSELOR-CLIENT
RELATIONSHIP

Department Counseling and Guidance

Degree Doctor of Philosophy

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Date July 24, 1968

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ABSTRACT

The Problem

This study sought to answer some questions about the inter-personal relationship between the counselor and client in a university counseling center. The research questions were: Do male clients require different levels of counselor empathy, respect and genuineness from female clients? Are different levels of the counselor-offered therapeutic conditions required for different types of problems? Do the counselor-offered conditions help promote conditions conducive to constructive change in clients?

Procedure

The clients in this study were twenty-seven male and twenty-seven female students at the University of North Dakota in Grand Forks, North Dakota. The counselors were nine male doctoral interns at the Counseling Center of the University of North Dakota.

Nine male clients and nine female clients were assigned to each of three problem categories (educational, vocational and personal social). Counselors were assigned by a senior staff member of the Counseling Center following an intake interview. The first interview with the counselor, called

the counseling treatment, was tape-recorded. A four-minute random segment from each third of each counseling treatment was re-recorded on separate tapes. Three judges rated the tape-recorded segments for counselor empathy, respect and genuineness and three different judges rated client self-exploration.

The counselor variables were measured with rating scales developed by Carkhuff to determine the levels of empathy, respect and genuineness offered by the counselor. The level of self-exploration was determined by the Truax Depth of Self-Exploration Scale.

To appraise the quality of the relationship as perceived by the clients, each client was asked to complete the Counselor Evaluation Inventory-Short Form (CEI-SF) developed by Linden, Stone and Shertzer.

The statistical procedures used were Fisher's F, Fisher's t, Scheffe's S-test and Pearson's product-moment correlation coefficient. The .05 level of significance was required for each analysis except for Scheffe's test which employed the .10 level of significance.

Results

Enumerated below are the findings which emerged from the present investigation:

1. There were no significant differences in the levels

of empathy, respect and genuineness offered to male and female clients.

2. There was significantly greater depth of self-exploration for female clients than for male clients.

3. There was no significant difference in the quality of the relationship as perceived by male and female clients.

4. There were no significant differences in the levels of empathy, respect and genuineness offered to clients with different types of problems.

5. There was no significant difference in the levels of self-exploration for male clients with different types of problems.

6. There was significantly greater self-exploration in the personal social area for female clients than for either the vocational or educational areas.

7. There was no significant difference in the quality of the relationship as perceived by clients with different types of problems.

8. There were significant relationships between the counselor variables and self-exploration for male and female clients with vocational, educational and personal social problems with one exception. There was a non-significant relationship between genuineness and self-exploration for female clients with educational problems.

9. There were non-significant relationships between the counselor variables and the quality of the counselor-

client relationship as perceived by the clients.

Conclusions

The conclusions were:

1. The significantly deeper self-exploration for females does not appear to be due to a corresponding increase in the levels of the therapeutic conditions. Thus, the results suggested that male clients require higher levels of the therapeutic ingredients for self-exploration than do female clients.

2. Some alternative explanations were offered for the question of whether different levels of the counselor characteristics are required for different types of problems.

3. It was concluded that counselor empathy, respect and genuineness are related to self-exploration for university clients with educational, vocational and personal social problems.

CHAPTER I

INTRODUCTION

The relationship between the counselor or psychotherapist and counselee has long been inferred to be therapeutic. Until recently, no direct experimental evidence had been generated to support this contention. In an extensive review of the literature, Eysenck (1952) could not reject the null hypothesis that psychotherapy has no effect on recovery from neurotic disorders. Later, Eysenck (1955) stressed that these findings emphasized the need for carefully planned and controlled experimental studies to determine the degree of therapeutic effectiveness.

From a modest review of the literature, Dressel (1954) concluded that (1) most studies did not allow one to make valid generalizations, (2) seldom did experimental replications verify previous findings and (3) few studies were planned to generate real implications for practice. It would appear that Dressel was frustrated by the ineffectiveness of the instruments in measuring counselor and client variables and the limitations of research techniques in determining the complex relationships of these variables. He did not mention the possibility that the therapist himself may be ineffective in promoting constructive personality change in the client.

Eysenck (1952) on the other hand, briefly recognized that there are shortcomings inherent in research but he did not hesitate to say that "the figures fail to show any favorable effects of psychotherapy."

Eysenck's conclusion caused much concern and indignation among counselors and psychotherapists. The thought that the time spent in a helping relationship may be wasted effort and that many people improve without help is rather threatening to a therapist's self-concept. Several articles were published which set out to offset or disqualify Eysenck's conclusion. Among others, deCharms et al (1954) emphasized the unreliability of the data used by Eysenck and concluded that as yet no data were available on which one could evaluate the therapeutic effects of psychotherapy.

Thus, the admission that no data were available for evaluating the therapeutic relationship, combined with the existing climate of concern in the early 1950's that the professional helping relationship be empirically shown to be therapeutic, set the stage for slow, but gradual improvement in research which has extended present understanding of the therapeutic relationship. A few studies began to focus on the interpersonal relationship between the counselor and the client which would in time make it more difficult to accept on faith alone a specific school or theory of therapy.

By focusing upon the interpersonal relationship, some

astonishing and far-reaching findings were uncovered which transcended the specific approaches of various schools. Fiedler (1950a) had therapists from four theoretical orientations, namely, psychoanalytic, nondirective, Adlerian and eclectic, select statements that they considered most and least characteristic of an ideal therapeutic relationship. His two fundamental conclusions were as follows: (1) therapists of different schools did not differ in their description of an ideal therapeutic relationship and (2) the ability to describe an ideal therapeutic relationship was probably a function of expertness rather than theoretical allegiance.

In a second study, Fiedler (1950b) selected expert and novice therapists representing the psychoanalytic, the non-directive and the Adlerian schools of therapy. The therapeutic relationship was rated from tape-recorded interviews by judges. Fiedler concluded that expert psychotherapists, irrespective of theoretical school, created a relationship more closely approximating the ideal therapeutic relationship than did nonexperts. He also reported that the therapeutic relationships created by experts of each school have closer resemblance than relationships created by nonexperts within the same school. Moreover, the most important dimension which differentiated experts from nonexperts was the therapist's ability to understand, to communicate with, and to maintain rapport with the patient. Fiedler did not set out to draw any conclusions about the relative effectiveness of the dif-

ferent kinds of therapy.

Black (1952) in a nonempirical report, emphasized the futility of preoccupation with specific techniques and schools and suggested examination of the interpersonal relationship which may well account for the most significant share of the behavioral changes produced by psychotherapy. Black proposed five common factors of the patient-therapist relationship as follows: rapport, acceptance of the patient, provision of support as it is needed, superior status of the therapist, and controlled and limited therapist emotional involvement with the client. Empirical research has established only one of these factors, acceptance or positive regard, as being important in promoting constructive personality change. Furthermore, it has been found experimentally that limited therapist emotional involvement is detrimental to constructive change (Truax and Carkhuff, 1963).

A major breakthrough in unraveling the patient-therapist interaction was achieved when Rogers (1957) proposed the "necessary and sufficient conditions of therapeutic personality change." Briefly, the essential therapeutic conditions were therapist congruence, unconditional positive regard for the client and empathic understanding of the client. Rogers also hypothesized that the client must perceive these conditions to a minimal degree. Since 1957, investigators have provided greater understanding of the interpersonal relationship between counselor and client. Early studies by Halkides

(1958) and Barrett-Lennard (1962) found that the therapeutic conditions proposed by Rogers could be measured and that predicted relationships between the therapeutic ingredients and client outcome could be obtained. Much empirical research has since demonstrated that empathy, unconditional positive regard and congruence are fundamental for achieving constructive change in the client. Recently, Truax and Carkhuff (1967) presented considerable research evidence to indicate that high levels of the therapeutic ingredients are associated with constructive change in the client while low levels of empathy, respect and genuineness are associated with deterioration in the client. Chapter II will be concerned in greater detail with these research findings and conclusions.

Statement of the Problem

The interpersonal relationship between the counselor and the client was the focus of this study. Answers were sought for these questions: Which counselor characteristics helped promote conditions conducive to constructive change in the client? Were different levels of the counselor characteristics required for different types of client problems? Did male clients require different levels of the counselor characteristics from female clients?

Hypotheses

At the outset of the study eight hypotheses were postulated. The following null hypotheses were tested to answer the question whether male clients required different levels

of the counselor characteristics from female clients:

Hypothesis 1. There will be no significant difference in the levels of the counselor characteristics offered to male and female clients.

Hypothesis 2. There will be no significant difference in the depth of self-exploration by male and female clients.

Hypothesis 3. There will be no significant difference in the perceived quality of the relationship by male and female clients.

The following null hypotheses were tested to answer the question whether different levels of the counselor characteristics were required for different types of client problems:

Hypothesis 4. There will be no significant difference in the levels of the counselor characteristics offered to clients with different types of problems.

Hypothesis 5. There will be no significant difference in the depth of self-exploration by clients with different types of problems.

Hypothesis 6. There will be no significant difference in the perceived quality of the relationship by clients with different types of problems.

The following experimental hypotheses were tested to ascertain which counselor characteristics helped promote conditions conducive to constructive change in the client:

Hypothesis 7. The counselor characteristics are positively related to self-exploration in clients.

Hypothesis 8. The counselor characteristics are positively related to the quality of the relationship as perceived by clients.

Delimitations of the Study

This study focused on the relationships of three counselor variables and two client variables. The counselor variables were empathy, respect and genuineness. The client variables were depth of self-exploration and perceived quality of the counselor-client relationship. Further discussion of the counselor and client variables studied is found in Chapter III.

The counselors in this study were doctoral student interns. The novice counselors have been exposed to several theoretical approaches to counseling, viz., behavioristic, client-centered, psychoanalytic and trait-factor. The client-centered approach was emphasized somewhat more than the others in the counselors' training, yet the counselors are not adherents of any given school. This does not pose any particular problem since the therapeutic conditions are expected to be present in any healthy interpersonal relationship (Rogers, 1957). However, the range of the therapeutic conditions offered by novice counselors may be constricted somewhat at the upper levels.

Limitations of the Study

The clients used in this study were a non-random sample from those students who came to the Counseling Center at the University of North Dakota. If client variables such as personality characteristics and subcultural background were interacting with the dependent variables in this investigation, it was unknown and uncontrolled. However, previous studies have found that client personality and background variables were not related to therapeutic outcome (Albronda et al., 1964; Stieper and Wiener, 1965; Frank et al., 1963).

Another uncontrolled variable in this study was the degree of initial client disturbance. Truax and Carkhuff (1967, p. 170) summed up several studies of this factor with the statement that "the greater the initial psychological (felt) disturbance but the lesser the initial behavioral disturbance, the greater the subsequent degree of improvement achieved through therapy." Apparently, the greater initial felt disturbance provided greater motivation for change. No statement can be made about the degree of initial disturbance in clients from a university population.

The classification of client problems presented a methodological difficulty. In this study, each client was assigned to a problem category by an experienced counselor following an intake interview. These interviews were ten to twenty minutes in length. Any problem classification method depends upon the extent that the problems discussed during the counseling treatment fit the assigned category. The method used here did not

control for the possibility that some clients' problems may have developed into one of the other categories during the counseling treatment. However, the argument that classifying client problems creates an artificial distinction may be entertained since frequently a single client may express concerns related to all three problem categories.

In the present study, tape-recordings of the first interview following an intake interview were analyzed. The ratings of the therapeutic conditions offered by the counselor early in the relationship may or may not have yielded the best measure of these conditions. The evidence available concerning empathy in early counseling sessions is contradictory. On the one hand, several studies indicated that the level of accurate empathy offered by the therapist did not tend to vary throughout the duration of psychotherapy (Truax and Carkhuff, 1963; 1967; Melloh, 1964). On the other hand, Cartwright and Lerner (1963) found the therapist's final, not initial, level of empathic understanding of the patient to be related to improvement in therapy. Truax and Carkhuff (1964b) reported that too much accurate empathy too early in therapy has a deleterious effect with schizophrenic patients. Thus, in the present study it was assumed that high levels of therapeutic conditions offered early in the relationship would promote conditions conducive to constructive change in students. It was further assumed that the levels of the therapeutic conditions would remain rather stable throughout the length of

counseling.

Unique Features of this Study

There is contradictory evidence regarding the relationship between client expectations and therapeutic outcome. Several nonempirical reports emphasize the importance of client expectations of therapy (Bordin, 1955; Patterson, 1958; Shaw, 1955). Recent experimental studies have shown that the development of realistic client expectations of therapy improved constructive change in the client (Hoehn-Saric et al., 1965; Truax and Carkhuff, 1965; 1967). The writings of Heine and Trosman (1960) and the experimental study by Grosz (1968) indicated that structuring within the interview can modify many of the misconceptions which a client may have about counseling and the counseling relationship.

In the present study, client expectations of counseling were briefly discussed in the initial intake interview by a senior staff member of the Counseling Center. This procedure had the advantage of facilitating positive client expectations of counseling. The intake interviewer diagnosed the problems of the clients and assigned the clients to the appropriate problem categories. This procedure insured uniformity in the assignment of clients to the problem categories.

Another feature incorporated into this study was the use of independent raters to obtain measures of counselor characteristics using tape-recorded interviews. This method

has been found to be more reliable than requesting the client to complete an inventory assessing the therapeutic conditions (Truax, 1966).

Definition of Terms

Intake Problem Category: Each client was assigned to a problem category following an intake interview. Three problem categories are utilized in the present investigation, namely, personal social, educational and vocational.

Personal Social Problem: Clients concerned with psychological and interpersonal conflicts are included in this category.

Educational Problem: Clients concerned with study habits, poor reading ability and lack of information about university policies are included in this category.

Vocational Problem: This category includes vocational decisions and college major decisions.

Empathy: This term refers to the counselor's ability to respond accurately to the client's deeper as well as surface feelings.

Respect: Respect refers to the counselor's unconditional acceptance of the feelings, experiences and potentials of the client.

Genuineness: This term refers to the counselor's capacity to be freely and deeply himself in a non-exploitative relationship with the client.

Self-Exploration: Self-exploration refers to the capacity of the client to communicate his feelings, attitudes and experiences.

Quality of Relationship: This term refers to the interpersonal relationship developed between counselor and client.

Chapter II presents a review of the related literature pertinent to the present investigation.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

Research generated by Rogers' (1951) client-centered theory began pointing toward the relationship created by the therapist as the effective ingredient in therapy. Studies began to identify components of the therapist-client relationship essential for constructive change in the client.

Seeman (Rogers and Dymond, 1954) was interested in what made the relationship between therapist and client therapeutic. He found that clients rated high in outcome came to feel a strong liking and respect for their therapist. When the therapist developed similar feelings for the client, an attitude of non-possessive caring, success was more likely. The successful clients also moved from external situational problems to an exploration of their own feelings and attitudes.

In 1957, Rogers tentatively identified three conditions as "necessary and sufficient" for constructive change in the client. While the conditions, viz., empathy, unconditional positive regard and genuineness, may be neither sufficient nor necessary, they have consistently been demonstrated to have relevance in depicting the quality of the therapist-client relationship. Rogers described empathy as the therapist's ability to sense clearly the client's private world. When

the therapist clearly understands the client's feelings and attitudes, he can freely communicate this understanding back to the client. Often the client can then move into feelings and emotional content previously unknown to him.

Rogers discussed unconditional positive regard as the ability of the therapist to warmly accept each aspect of the client's experience as he relates it to the therapist. The therapist does not impose any conditions on his acceptance of the client. It means a caring for the client without demands or possessiveness.

By genuineness, Rogers meant the ability of the therapist to be himself completely, with his actual experience accurately represented in his communications to the client. It is the absence of a facade or misrepresentation of the current feelings or experience of the therapist.

The importance of empathy, positive regard and genuineness seems not to be restricted to client-centered therapy. Truax and Carkhuff (1967, p. 25) reviewed the writings of some forty-five counselors and therapists and came to this conclusion concerning the diverse theories of counseling and psychotherapy:

. . . In one way or another, all have emphasized the importance of the therapist's ability to be integrated, mature, genuine, authentic or congruent in his relationship to the patient. They have all stressed also the importance of the therapist's ability to provide a non-threatening, trusting, safe or secure atmosphere by his acceptance, non-

possessive warmth, unconditional positive regard, or love. Finally, virtually all theories of psychotherapy emphasize that for the therapist to be helpful he must be accurately empathic, be "with" the client, be understanding, or grasp the patient's meaning.

The Therapeutic Conditions as Perceived by Clients

The importance of the therapeutic ingredients has recently been confirmed by a great deal of experimentation. Barrett-Lennard (1962) studied five dimensions of therapist response and their relationship to therapeutic improvement. He measured the quality of the therapist variables as perceived by both therapists and clients using the Relationship Inventory. Each of the forty clients was rated on adjustment and change by his therapist. Additional measures of constructive change were obtained from Dymond's Q Adjustment Scale, the Minnesota Multiphasic Personality Inventory, and the Taylor Manifest Anxiety Scale. The Relationship Inventory scores at four points in therapy showed that the clients perceived the average quality of the therapist variables to remain fairly constant throughout therapy with one exception, namely, that the clients saw their therapists as increasingly willing to be known as therapy proceeded. The therapists' perceptions of their own responses on five dimensions from the Relationship Inventory at four points in therapy showed remarkably small variation throughout the counseling interviews. Looking at the relative scoring levels of clients and therapists on the

Relationship Inventory, it was noted that early in therapy the therapists tended to see themselves as responding more positively on level of regard, congruence, and willingness to be known than did their clients. By the end of therapy, however, client and therapist scoring levels had converged appreciably on each of the scales.

Barrett-Lennard (1962) also found that the quality of the therapist characteristics as perceived by the client was associated with therapeutic change in the client early in therapy at high levels of statistical significance with the exception of the willingness to be known dimension. The therapists also saw themselves as responding more positively to clients who exhibited more change, but at more moderate levels of significance. There was a greater difference between the perceptions of improved and unimproved clients than the difference between the therapist perceptions of the levels of the therapeutic conditions. Barrett-Lennard interpreted these findings as comprising compelling evidence for the primary relevance of the client's perception of the therapeutic conditions rather than the therapist's actual experience. This evidence offered support for Rogers' (1957) sixth necessary and sufficient condition, namely, that the counselee must perceive the conditions offered by the therapist to a minimal degree.

Barrett-Lennard (1962) further found that only on empathic understanding were expert therapists less ambiguous than

nonexpert therapists. There was no significant discrepancy between expert and nonexpert therapists on the remaining four therapeutic conditions as perceived by their clients. This finding was similar to that of Fiedler (1950b) in that the most important dimension which differentiated experts from nonexperts was the therapist's ability to understand, to communicate with the patient, and to maintain rapport.

Severinsen (1966) investigated the client's expectation before counseling and his perception of the counselor's role following counseling and their relationship to client satisfaction with counseling. Two dimensions of the counseling process were selected for investigation. One aspect of counselor behavior, called counselor lead, was defined as the extent to which the counselor assumes responsibility for the direction of the interview. The second variable, called counselor empathy, was defined as the extent to which the counselor responds to the feeling expressed by the client. The degree of lead expected before counseling and perceived after counseling for 14 counselors was rated by 234 clients who were college freshmen. The degree of empathy expected and perceived for 13 counselors was also rated by 314 clients. The clients completed a five-point rating scale to indicate their satisfaction with counseling. The relationship between the discrepancy scores for counselor empathy and client satisfaction was significant ($p < .05$). However, the direction of difference was not a significant factor. Clients were less sat-

isfied with counselors when they perceived them as dealing either less or more with feeling than they had expected. The relationship between counselor lead and the discrepancy scores was not statistically significant.

Pierce and Mosher (1967) studied perceived empathy as a function of the client's anxiety during the interview hour and the counselor's timing of his remarks. Thirty male clients were assigned to an appropriate interview condition. The interviewer's remarks were varied by introducing interruptions and silence into the inappropriate condition, whereas the counselor's remarks were properly timed in the appropriate condition. Following the interviews, the clients completed the Post-Interview Anxiety Questionnaire and the Barrett-Lennard Perceived Empathy Questionnaire. The results revealed that clients in the inappropriate interviews had higher anxiety scores than clients in the appropriate interviews ($p < .001$). Also, the clients in the appropriate interview condition perceived their counselor as more empathic than did the clients who were interrupted and subjected to silence ($p < .01$).

The Therapeutic Conditions as Perceived by Judges

One of the first attempts to measure Rogers' therapeutic triad was made by Halkides (1958). She expected to find a significant relationship between four therapist variables (empathic understanding, unconditional positive regard, con-

gruence and affective intensity) and constructive personality change in the client. Twenty-nine clients including thirteen people from the community and sixteen university students were given a battery of personality tests before and after therapy. Following evaluation of the pre- and post-therapy scores, ten clients showed good evidence of constructive personality change and were designated the more successful group while ten clients showed negligible evidence of constructive personality change and were designated the less successful group. Two interviews were selected at two random points in therapy for rating of the therapist variables. In order to control the influence of unknown variables, the random points were matched for the more successful and less successful cases. Forty recorded interviews in all were selected for evaluation. They ranged from interview two to fifty-five. Rating scales for the therapist variables were developed to evaluate the interviews.

The results indicated that the more successful group did receive significantly more empathic understanding ($p < .001$), more unconditional positive regard ($p < .001$), and more congruent behavior ($p < .001$) on the part of the therapist than the less successful group. The results regarding therapist affective intensity were not statistically significant. A further related finding indicated that the levels of the therapist variables did not change significantly as therapy progressed.

Gross and De Ridder (1966) found significant movement in level of experiencing in the client in short-term counseling. Eight university students with a variety of interpersonal and intrapersonal problems were seen by one staff counselor. The number of interviews ranged from seven to eighteen. Relatively early in counseling each client completed the Barrett-Lennard Relationship Inventory to secure the client's perception of the counselor's congruence, empathy, level of regard and unconditionality of regard. The Experiencing Scale (EXP) was used to rate segments from tape recordings of the second and next to the last interviews of each client. The late ratings minus the early ratings constituted the degree of movement. The main findings of the investigation were: (1) the difference between early and late EXP ratings showed a significant increase in depth of experiencing ($p < .05$), (2) counselor congruence, empathy and unconditional regard correlated significantly with movement ($p < .05$), and (3) clients whose EXP ratings were high early in counseling manifested significantly more movement than those having low ratings ($p < .05$).

A series of studies of hospitalized patients at the Wisconsin Psychiatric Institute have sought to determine what part the therapeutic triad had in constructive personality change. One study by Truax and Carkhuff (1967) compared the levels of accurate empathy after six months of intensive psychotherapy involving four improved patients and four deterior-

ated patients. The results showed that the psychotherapists for the improved patients had consistently higher ratings on accurate empathy than the therapists for the deteriorated patients. In addition, the high level of accurate empathy for the improved patients, as well as the low level of accurate empathy for the deteriorated patients, did not tend to vary throughout the six months of therapy.

Similar conclusions regarding unconditional positive regard and congruence were made by Truax (1963) involving fourteen hospitalized schizophrenic cases and fourteen university counseling cases using four-minute tape-recorded segments from every fifth interview. The data showed that therapists for improved patients were rated consistently higher on unconditional positive regard and congruence. Thus, the Wisconsin Psychiatric Institute studies generated empirical evidence which emphasized the importance of high levels of the therapeutic triad for promoting constructive change in the patient.

Carkhuff and Alexik (1967) studied the effect upon the counselor of client experimental manipulation of depth of self-exploration. One female client saw eight experienced counselors, each for a one-hour interview. The client engaged in deep self-exploration during the initial and last one-third of the interview, but reduced her level of self-exploration during the middle one-third of the interview. The results showed that the counselors who initially offered high levels

of empathy, respect, congruence, and concreteness did not reduce their level of functioning when the client lowered her self-exploration. However, the counselors who initially offered low levels of the facilitative conditions did reduce their level of functioning during the middle third of the interview and also failed to reestablish the initial level of conditions.

Martin et al. (1966) investigated the levels of the therapeutic conditions as offered by a professional counselor and a best available friend. Sixteen volunteer college students were interviewed by both their best available friend and a counselor. The tape-recorded interviews were rated independently by three trained graduate students on the counselor-offered dimensions of empathy, positive regard, genuineness and concreteness as well as the client dimension of self-exploration. The results indicated that the counselors offered higher facilitative conditions and elicited greater client self-exploration than the best friends ($p < .001$).

The findings of Demos (1964) extended the importance of the therapeutic conditions to counseling at the secondary level. In this investigation, thirty experienced high school counselors attended a six-week NDEA Counseling and Guidance Institute. Four supervisors rated the effectiveness of the counselors using multiple objective and subjective criteria. The supervisors agreed on the ten most successful counselors and the ten least successful counselors. The twenty counse-

lors were rated on five characteristics (empathy, unconditional positive regard, congruence, comfort and respect) using taped recordings of interviews with their final clients. Five-point rating scales were devised for each characteristic measured. The results were positive for empathy, unconditional positive regard and respect, i.e., the most successful counselors were rated higher on these qualities than the least successful counselors. The difference between the two groups of counselors was not statistically significant for congruence and comfort, though the most successful counselors tended to be rated somewhat higher on both of these characteristics.

In summary, the studies cited above indicated that high levels of the therapeutic triad were necessary to promote constructive change in the patient. Client improvement was associated with high levels of the conditions in three different patient populations, namely, secondary level students, university students and hospitalized patients. This suggests that high levels of empathy, unconditional positive regard and congruence have general therapeutic value in diverse patient populations.

Client Influence on the Therapeutic Conditions

Truax and Carkhuff (1967) found that patients with therapists who offered high levels of therapeutic conditions improved while patients with therapists who offered low levels

of therapeutic conditions deteriorated on appropriate measures of change. It is of considerable importance to ascertain whether it was the therapist or the client who determined the levels of the therapeutic conditions. Several studies were undertaken to answer this question. In one study, Truax (1963) selected time samples from tape-recorded interviews between eight therapists and eight patients. The time samples were rated on the accurate empathy variable. The design allowed a dual analysis of the therapist's and patient's effect upon the level of accurate empathy. Truax stated the findings in these words: "Analysis of ratings indicated that different therapists produced different levels of accurate empathy when interacting with the same set of patients ($p < .01$). In sharp contrast, different patients did not receive different levels of accurate empathy when interacting with the same set of therapists ($p < .40$).\" Another reference (Truax and Carkhuff, 1967) to this study reported similar findings on measures of nonpossessive warmth and therapist genuineness. Thus, the findings suggested that it was the therapist who determined the varying levels of the therapeutic conditions.

In a control group design, Truax (1963) studied the effects of the central therapeutic ingredients in fourteen schizophrenic patients receiving therapy. Complete batteries of psychological tests were given before and after therapy to

the treatment group and the fourteen carefully matched controls. Samples of tape-recorded psychotherapy sessions were independently rated on the therapeutic conditions. The results showed that patients who received high levels of the conditions achieved an overall gain in psychological functioning while patients who received low levels of the conditions showed a loss in psychological functioning. The control patients who received no therapy achieved moderate gains. Thus, the data suggested that high conditions offered by the therapist facilitated constructive personality change. The data also reflected the sobering finding that patients who received low conditions from the therapist showed personality change of a negative nature.

Van der Veen (1965) has reported some conflicting evidence on the question of whether the client influences the level of the therapeutic conditions. In an orthogonal factorial design, he selected three patients who had tape-recorded interviews with the same five therapists. The rated patient variables were depth of experiencing and degree of problem expression and the rated therapist variables were congruence and accurate empathy. Van der Veen's primary findings were (1) that the levels of problem expression and experiencing of the patient were a function of the therapist as well as of the patient and that the effect of the patient was greater than that of the therapist and (2) the levels of congruence and accurate empathy were a function of the therapist as well as

the patient with the effect of the therapist somewhat greater than the patient. However, Truax and Wargo (Truax and Carkhuff, 1967) reanalyzed van der Veen's data with a more appropriate statistical test and concluded that the patients did not have significant effects on the levels of accurate empathy and congruence.

Truax et al. (1966a) analyzed tape-recorded interviews to determine the extent of the patient's effect upon the therapist. Forty outpatients were randomly assigned to four different therapists. Initially, screening interviews were conducted by two different psychiatrists. The analysis of the screening interviews clearly indicated that it was the interviewer who determined the levels of empathy and congruence. However, it was not clear whether the non-significant finding for nonpossessive warmth meant that the patient as well as the interviewer affected the level of warmth or whether the two interviewers happened to provide equal levels of warmth. Perhaps, the initial level of warmth is influenced by the nature of the patient. The analysis of the therapy interviews clearly indicated it was the therapist, not the patient, who determined the levels of empathy, congruence and nonpossessive warmth. Another report of this study (Truax et al., 1966b) included the finding that the therapists who provided high levels of the therapeutic conditions produced a ninety per cent improvement while the therapists who provided low levels of these conditions pro-

duced only a fifty per cent improvement on a scale filled out by the therapist. There was also a significant difference between high and low conditions on the improvement scale when filled out by improved and unimproved patients.

In another study (Truax and Carkhuff, 1967) similar findings were obtained for nonpossessive warmth, congruence and empathy in individual psychotherapy with hospitalized schizophrenics. In addition to the interviews with the therapist, each patient saw one designated interviewer every three months throughout therapy. The findings indicated that the therapists and the designated interviewer determined the levels of accurate empathy and congruence offered to the patient. However, the patient did affect the level of nonpossessive warmth offered by the therapist and the interviewer.

An experimental manipulation of the therapeutic conditions was done by Truax and Carkhuff (1965) on three hospitalized patients. High levels of warmth and empathic understanding were offered to the patient during the first twenty minutes of the initial interview and low conditions were deliberately introduced and maintained during the next twenty minute period with high conditions reestablished during the final twenty minute period. The effect of these two therapist-offered conditions upon patient intrapersonal exploration was studied. The results showed that patient depth of intrapersonal exploration dropped during the period when the conditions were lowered and returned to its previous high

level when higher levels of the conditions were reestablished in the final twenty minute period. Truax and Carkhuff stated, "The findings are clearly suggestive of a causal relationship between the level of some therapist-offered conditions and some of the patient's therapy behavior."

Self-Exploration and Client Outcome

The research reported thus far has not dealt with the relationship between self-exploration and client outcome. Does a greater degree of patient self-exploration increase the extent of constructive personality change? From a study previously reviewed Truax and Carkhuff (1963) analyzed the ratings of depth of intrapersonal exploration for fourteen schizophrenic patients who underwent therapy during a time span from six months to three and one-half years. The degree of change in psychological functioning was based upon complete batteries of pre-therapy and post-therapy tests as well as diagnostic evaluation of change and time spent in the hospital. The correlation between the patient's depth of intra-personal exploration and constructive change was .57 ($p < .05$) which supported the hypothesis that the degree of the patient's engagement in the process of self-exploration would be associated with the degree of constructive personality change in the patient. In yet another analysis, Truax and Carkhuff (1963, p. 24) reported:

In another subsequent analysis of the ratings of patient depth of intrapersonal exploration a potentially even more exciting finding emerged: the level of patient depth of intrapersonal exploration, even during the initial stages of psychotherapy seems to be reasonably predictive of final case outcome. The ratings of patient depth of intrapersonal exploration from the second interview was correlated with the final outcome of the patient constructive personality change, yielding a Pearson correlation of .64 ($p < .05$). Thus it would seem that very early in the therapeutic encounter a reasonably adequate prediction could be made of the final case outcome, based upon the patient's depth of intrapersonal exploration.

Hansen et al. (1968) investigated the similarity between raters' judgments and clients' perceptions of the therapeutic conditions. They also compared the correlations between improvement in client self-concept with the raters' judgments and clients' perceptions. The results showed no significant correlations between the clients' ratings and judges' ratings of empathy, respect and genuineness. The correlations between the clients' ratings of the therapeutic conditions and the clients' change in self-concept were not significant statistically, while change in self-concept and the judges' ratings of empathy ($p < .01$), respect ($p < .05$) and genuineness ($p < .01$), were significantly related. It was concluded that clients are not good judges of the therapeutic conditions offered by therapists.

In summary, the evidence cited clearly indicated that the therapist, not the patient, determined the levels of empathy and congruence. The evidence was not so clear regarding

nonpossessive warmth. The nature of the patient may have been important in determining the degree of warmth elicited from the therapist, particularly early in therapy.

The experimental design for the present investigation and the statistical procedures employed in the analyses of the data are presented in Chapter III.

CHAPTER III

EXPERIMENTAL METHOD

Subjects

The subjects in the present study were twenty-seven male and twenty-seven female college students at the University of North Dakota in Grand Forks, North Dakota. The ages of the subjects ranged from eighteen to twenty-two with a mean age of nineteen. Each subject expressed his reason for coming to the Counseling Center to the intake interviewer who then determined whether the client's problem should be classified as an educational, vocational or personal social problem. Nine males and nine females were assigned to each of the three problem categories. The clients came voluntarily to the University Counseling Center. None of the subjects had been counseled previously at the Counseling Center.

Counselors

The counselors were nine male doctoral student interns at the Counseling Center of the University of North Dakota. The counselors were allowed complete freedom to utilize their own style of counseling. No assumptions regarding the counselors were made. It should be noted that the study was

primarily concerned with objective ratings of the counselor characteristics and objective ratings of the client variables.

It has been already noted that the quality of the counseling relationship is not related to the theoretical approach of the counselor (Fiedler, 1950a; 1950b). Furthermore, it is the belief of this investigator and others that the counselor characteristics are not related to the theoretical background of the counselor. This is a logical extension of Fiedler's findings.

Procedure

The clients were assigned to one of three appropriate problem categories (educational, vocational or personal social) by a senior staff member of the Counseling Center from his observations of the client in the intake interview. Nine male and nine female clients were assigned to each problem classification in this manner. The intake counselor briefly explored the client's expectations of counseling during the interview to help facilitate positive expectations of counseling. He also assigned one male and one female client in each problem category to each counselor in a prearranged random fashion.

The first interview (hereafter called the counseling treatment) following the initial intake interview was tape-recorded. The length of the counseling treatments ranged

from 45 to 60 minutes. The counseling treatment for each client was partitioned into three equal parts. A four-minute random segment from each third of each counseling treatment was subsequently identified according to counselor and client. The one hundred sixty-two segments were numbered and randomly re-recorded on separate tapes. Three judges independently rated the counselor variables (empathy, respect and genuineness) and three different judges rated client self-exploration. The judges were trained on four-minute segments from Counseling Center clients not used in the present study. This training continued until a minimum level of inter-judge reliability of .70 was achieved. The scales for rating each variable are presented in the Appendices.

Following each counseling treatment, the clients were given the Counselor Evaluation Inventory-Short Form (CEI-SF) developed by Linden, Stone and Shertzer (1965) to appraise the quality of the relationship as perceived by the client.

Counselor Variables

The three counselor characteristics investigated were empathic understanding, respect and genuineness. The numerical rating scales used to determine the level of these variables were developed by Carkhuff from two earlier versions which are summarized in Truax and Carkhuff (1967) and Carkhuff and Berenson (1967).

The Carkhuff Empathic Understanding in Interpersonal Scale measures the capacity of the counselor to respond accurately to the client's deeper as well as surface feelings. This scale is reproduced as Appendix A. Carkhuff's scale was designed for use on tape-recorded interviews to measure five levels of empathy. At level 1, the counselor is insensitive to the feelings of the client and detracts significantly from the client's communication of himself. At level 5, the counselor responds accurately to the deepest feelings of the client. The average of the three judges' ratings for each segment was the value for empathy for the segment. Inter-reliability correlation coefficients in several recent studies ranged from .85 to .98 for the judges' ratings of the level of empathy present in the therapist-patient relationship. No direct validity studies have been made. However, a number of studies have reported results in the hypothesized directions which would indicate the empathy scale does have construct validity.

The Carkhuff Communication of Respect in Interpersonal Processes Scale has five levels and was designed to measure the degree that the counselor communicates respect for the feelings, experiences and potentials of the client. At level 1, the counselor communicates a total lack of respect for the experiences of the client. At level 5 the counselor is committed to the value of the client as a human being. The value for respect was the average of the judges' ratings.

This scale has been reproduced as Appendix B. Several recent studies reported inter-judge reliability coefficients ranging from .86 to .99 for ratings of respect from tape-recorded interviews. A number of studies have reported findings which supported the predicted relationships between respect and client change which provides evidence of construct validity for this scale.

The Carkhuff Facilitative Genuineness in Interpersonal Processes Scale reproduced as Appendix C is a five-level scale designed to measure the degree that the counselor is freely and deeply himself in a non-exploitative relationship with the client.

At level 1, the counselor's communications are clearly defensive or unrelated to his current experience or his genuine reactions have a destructive effect upon the client. At level 5, the counselor is clearly being himself and employing his genuine responses (whether positive or negative) constructively. The level of genuineness was the average of the judges' ratings. Inter-judge reliability coefficients ranging from .80 to .88 on ratings of genuineness have been reported in recent studies. Apparently, this scale has construct validity since several studies generated results which supported the predicted relationships between genuineness and constructive personality change.

Client Variables

The two client variables were self-exploration as measured by a numerical rating scale and the quality of the relationship offered by the counselor as measured by a questionnaire inventory given to the client.

The Truax Depth of Self-Exploration Scale reproduced as Appendix D is a nine-level rating scale designed to measure the extent of patient self-exploration. At level 0, the client does not volunteer any personally relevant material and there is no opportunity to discuss it. At level 9, the client is deeply exploring himself. Level 9 should be reserved for those rare moments when the client has a new perceptual base for viewing himself or the world. The average of the judges' ratings was the value of self-exploration for the segment. Self-exploration is considered to be an antecedent to psychotherapeutic outcome. Inter-judge reliability coefficients from studies of self-exploration have ranged from .59 to .88. The predicted relationships between self-exploration and other variables were supported by several studies indicative, therefore, that this scale had construct validity.

The Counseling Evaluation Inventory-Short Form (CEI-SF) reproduced as Appendix E was constructed by Linden, Stone and Shertzer (1965) to appraise the client's reactions to the counselor. The present study investigated the clients' perceptions of the quality of the relationship with the CEI-SF.

A test-retest reliability coefficient of .83 was obtained for the total score of this inventory by its co-authors. Limited construct validity was established from low, but statistically significant correlations between the inventory scores and practicum grades of high school counselor candidates.

In a personal letter, Dr. Linden advised that recent studies suggest that scoring the CEI-SF by using the true values of the Likert response format works as effectively as the more complicated weighted system originally employed. The scoring method using the Likert response format was elected for use in this study. This method made the total possible score equal to 105.

Statistical Analyses

The measurements obtained from the numerical rating scales and the questionnaire inventory were assumed to be of interval level and continuous type. There is some controversy whether the data generated from rating scales is actually interval measurement. However, it is generally assumed that the judge can maintain psychological equality between intervals (Guilford, 1954).

The Pearson product-moment correlation (Ferguson, 1966, p. 111) was used to ascertain the degree of relationship between the therapeutic conditions offered by the counselor and client self-exploration. The Pearson r was also used to

determine the degree of correspondence between the therapeutic conditions and the quality of the relationship as perceived by the client. The values of the correlation coefficients were required to be significant at the .05 level or less for a one-tailed test to indicate a statistically significant degree of relationship between the counselor and client variables.

A simple analysis of variance design (McNemar, 1962, p. 265) was used to determine whether different levels of the counselor characteristics were required for different types of student problems. The values of the F-ratios were required to be significant at the .05 level or less for a two-tailed test to indicate a statistically significant difference in the levels of the counselor and client variables. When a significant F-ratio was achieved, it was necessary to use Scheffé's method as recommended by Ferguson (1966, p. 296) to determine which differences between the means of the counselor and client variables were statistically significant. The .10 level for a two-tailed test was required for the Scheffé test because this statistical procedure is more rigorous than other procedures (Scheffé, 1959, p. 71).

The t-ratio (McNemar, 1962, p. 103) was used to ascertain whether male clients required different levels of the counselor characteristics than female clients. The values of the t-ratios were required to be significant at the .05 level

or less for a two-tailed test to indicate a statistically significant difference in the levels of the counselor and client variables.

Chapter IV presents the analysis of the data and the findings of the present investigation.

CHAPTER IV

ANALYSIS OF THE DATA

Prior to analysis of the data to test the hypotheses in this study, it was necessary to ascertain the reliability of the judges' ratings of the counselor and client variables. The reliability of the judges' ratings was determined in two ways. First, the inter-reliability among judges was found using the Pearson product-moment correlation coefficient. The means and standard deviations for each judge's ratings of the counselor variables are presented in Table 1. The inter-reliability correlation coefficients obtained are presented in Table 2.

TABLE 1

MEANS AND STANDARD DEVIATIONS FOR EACH JUDGE'S
RATINGS OF THE COUNSELOR VARIABLES

Variables	Judge A		Judge B		Judge C	
	M	SD	M	SD	M	SD
Counselor Empathy	2.33	0.69	2.42	0.68	2.35	0.70
Counselor Respect	2.44	0.71	2.49	0.70	2.45	0.69
Counselor Genuineness	2.42	0.64	2.40	0.67	2.42	0.66

TABLE 2

PEARSON PRODUCT-MOMENT CORRELATION COEFFICIENTS BETWEEN
JUDGES' RATINGS OF COUNSELOR VARIABLES

Variables	Judge B	Judge C
Counselor Empathy		
Judge A	.86	.71
Judge B		.87
Counselor Respect		
Judge A	.88	.76
Judge B		.90
Counselor Genuineness		
Judge A	.72	.87
Judge B		.89

Note: All correlations significant at .005 level
(df=160).

It can be observed from Table 2 that the correlation coefficients between judges on ratings of the counselor variables, using four-minute segments of tape-recorded interviews, range from .71 to .90.

The inter-judge reliability coefficients were also computed for the ratings of client self-exploration. The means and standard deviations are presented in Table 3. The inter-reliability correlation coefficients obtained for the judges' ratings of client self-exploration are shown in Table 4.

TABLE 3

MEANS AND STANDARD DEVIATIONS FOR EACH JUDGE'S
RATINGS OF CLIENT SELF-EXPLORATION

Variable	Judge D		Judge E		Judge F	
	M	SD	M	SD	M	SD
Client Self- Exploration	3.18	1.21	3.29	1.30	3.27	1.34

TABLE 4

PEARSON PRODUCT-MOMENT CORRELATION COEFFICIENTS BETWEEN
JUDGES' RATINGS OF CLIENT SELF-EXPLORATION

Variable	Judge E	Judge F
Client Self-Exploration		
Judge D	.83	.85
Judge E		.87

Note: All correlations significant at .005 level
(df=160).

Table 4 shows that the correlation coefficients for inter-judge reliability of the ratings for client self-exploration ranged from .83 to .87.

After all segments were rated, a random sample of segments were re-rated to obtain rate-rerate reliability coefficients for each judge's ratings of the counselor and client variables. The means and standard deviations of the re-ratings are shown in Table 5. The rate-rerate correlation

coefficients for each judge's ratings of the counselor variables are reported in Table 6.

TABLE 5

MEANS AND STANDARD DEVIATIONS FOR JUDGES' RATINGS AND
RE-RATINGS OF COUNSELOR AND CLIENT VARIABLES

Variables	Judges' Ratings		Judges' Re-ratings	
	M	SD	M	SD
Counselor Empathy				
Judge A	2.30	0.80	2.20	0.62
Judge B	2.50	0.76	2.50	0.61
Judge C	2.40	0.82	2.40	0.68
Counselor Respect				
Judge A	2.35	0.81	2.25	0.64
Judge B	2.60	0.75	2.40	0.60
Judge C	2.55	0.76	2.55	0.61
Counselor Genuineness				
Judge A	2.50	0.76	2.30	0.57
Judge B	2.50	0.71	2.35	0.59
Judge C	2.60	0.68	2.35	0.67
Client Self-exploration				
Judge D	3.23	1.19	3.32	1.03
Judge E	3.43	1.42	3.58	1.23
Judge F	3.30	1.25	3.35	1.18

The results presented in Table 6 indicate that the rate-rerate correlation coefficients ranged from .77 to .92 for each judge's ratings of the counselor variables.

A comparison of the inter-judge reliabilities with the intra-judge reliabilities shows the intra-judge correlations are somewhat higher for the counselor variables.

TABLE 6

RATE-RERATE PEARSON PRODUCT-MOMENT CORRELATION
COEFFICIENTS FOR EACH JUDGE'S RATINGS OF
COUNSELOR VARIABLES

Variables	Judge A	Judge B	Judge C
Counselor Empathy	.83	.80	.92
Counselor Respect	.77	.84	.80
Counselor Genuineness	.85	.88	.78

Note: All correlations significant at .005 level
(df=18).

The rate-rerate correlation coefficients for each
judge's ratings of client-self-exploration are presented in
Table 7.

TABLE 7

RATE-RERATE PEARSON PRODUCT-MOMENT CORRELATION
COEFFICIENTS FOR EACH JUDGE'S RATINGS OF
CLIENT SELF-EXPLORATION

Variable	Judge D	Judge E	Judge F
Client Self-exploration	.94	.89	.89

Note: All correlations significant at .005 level
(df=18).

Table 7 shows that the intra-judge reliabilities for client self-exploration ranged from .89 to .94. Again, the intra-judge reliabilities were slightly higher than the inter-judge reliabilities. The correlations indicate that the judges rated the counselor and client variables at a high level of consistency for all segments and with each other. After establishing that the inter-reliability and rate-rerate reliability correlation coefficients were adequate, it was possible to proceed with the analysis of the data in accord with the hypotheses presented in Chapter I.

Hypothesis 1. There will be no significant difference in the levels of the counselor characteristics offered to male and female clients.

To test this hypothesis, three judges rated the counselor characteristics using Carkhuff's revised scales for measuring empathy, respect, and genuineness. The means and standard deviations of the ratings of the counselor variables are recorded in Table 8. The largest variance ratio of 1.7:1 was obtained for the male-female comparison on counselor empathy. This heterogeneity of variance is small, however, and the effect upon the t-test is probably negligible. Norton (1952) found that even when the variance ratio is 45:1 the effect upon the t-test and F-test is small and that meaningful significance tests could be made.

TABLE 8

MEANS AND STANDARD DEVIATIONS FOR JUDGES' RATINGS OF
COUNSELOR VARIABLES ACCORDING TO CLIENT SEX

Variables	Male (N=27)		Female (N=27)	
	M	SD	M	SD
Counselor Empathy	2.31	0.73	2.42	0.57
Counselor Respect	2.40	0.72	2.52	0.61
Counselor Genuineness	2.35	0.70	2.49	0.55

Table 9 indicates that the counselors tended to offer higher levels of empathy, respect, and genuineness to female clients. However, the difference between the means was non-significant for all comparisons. Since no statistically significant differences were found, the results support the null hypothesis that the counselors would offer similar levels of the therapeutic conditions to clients of either sex.

TABLE 9

RESULTS OF t-TESTS FOR DIFFERENCES IN THE COUNSELOR
VARIABLES ACCORDING TO CLIENT SEX

Variables	Sex	df	<u>t</u>
Counselor Empathy	Female vs. Male	160	1.08 (ns)
Counselor Respect	Female vs. Male	160	1.17 (ns)
Counselor Genuineness	Female vs. Male	160	1.38 (ns)

Hypothesis 2. There will be no significant difference in the depth of self-exploration by male and female clients.

To test this hypothesis, three judges rated client self-exploration using the Truax Depth of Self-Exploration Scale. The means and standard deviations of the ratings of client self-exploration are shown in Table 10. As noted earlier, a variance ratio of 1.2:1 for the male-female comparison on client self-exploration should have no significant effect upon the t-test.

TABLE 10

MEANS AND STANDARD DEVIATIONS FOR THE CLIENT SELF-EXPLORATION ACCORDING TO CLIENT SEX

Variable	Male (N=27)		Female (N=27)	
	M	SD	M	SD
Client Self-exploration	2.86	1.21	3.63	1.11

Table 11 shows that there was a significant difference between males and females on client self-exploration ($p .001$). Thus, the null hypothesis stating that there would be no significant difference on this variable was rejected. This finding suggests that clients of different sex require different levels of the counselor characteristics. If one posits a cause-effect relationship between therapeutic conditions and client self-exploration as suggested by Truax and Carkhuff (1967), it seems reasonable to conclude that male clients

needed higher levels of the therapeutic conditions from male counselors than did female clients in order to function at the same level of self-exploration as female clients. However, as interpretation of this nature must be qualified to the extent that the counselors tended to offer higher levels of the therapeutic conditions in favor of female clients. Though the trend was not statistically significant, perhaps this small difference was enough to produce a significantly higher level of self-exploration for female clients.

TABLE 11

RESULTS OF t-TESTS FOR DIFFERENCES IN THE CLIENT
SELF-EXPLORATION ACCORDING TO CLIENT SEX

Variable	Sex	df	<u>t</u>
Client Self-exploration	Female vs. Male	160	4.21 ^a

^aSignificant at .001 level, two-tailed test.

The means and standard deviations of the judges' ratings for self-exploration for male and female clients by intake problem category are shown in Table 12. Since the male-female comparison for self-exploration was highly significant when the three problem categories (vocational, educational, and personal social) were combined, t-tests were performed to determine which problem category would evidence the greatest discrepancy between male and female clients.

TABLE 12

MEANS AND STANDARD DEVIATIONS FOR JUDGES' RATINGS
OF CLIENT SELF-EXPLORATION ACCORDING TO CLIENT SEX
AND INTAKE PROBLEM CATEGORY

Problem Categories	Male (N=27)		Female (N=27)	
	M	SD	M	SD
Vocational	2.82	1.26	3.44	1.19
Educational	2.70	1.09	3.32	0.86
Personal Social	3.06	1.28	4.13	1.09

TABLE 13

RESULTS OF t -TESTS FOR DIFFERENCES IN CLIENT SELF-
EXPLORATION ACCORDING TO CLIENT SEX AND INTAKE
PROBLEM CATEGORY

Variable	Problem Categories	df	t
Client Self-exploration	Vocational		
	Female vs. Male	52	1.87
	Educational		
	Female vs. Male	52	2.30 ^a
	Personal Social		
	Female vs. Male	52	3.29 ^b

^aSignificant at .05 level, two-tailed test.

^bSignificant at .01 level, two-tailed test.

Inspection of Table 13 indicates that the male-female comparisons were statistically significant for educational

problems ($p < .05$) and personal social problems ($p < .01$). The discrepancies favored female clients in each problem category with the greatest difference evidenced in the personal social area. This finding suggests that while male clients find it more difficult to explore themselves in all areas, it is especially difficult for them to explore their personal problems.

Hypothesis 3. There will be no significant difference in the perceived quality of the relationship by male and female clients.

This hypothesis was tested by asking each client to complete the Counseling Evaluation Inventory-Short Form (CEI-SF) immediately after the counseling treatment. The means and standard deviations for client perception of counselor for male and female students are presented in Table 14. The results of the male-female comparison of the client evaluations of their counselors are presented in Table 15.

TABLE 14

MEANS AND STANDARD DEVIATIONS FOR THE CLIENT
PERCEPTION OF COUNSELOR ACCORDING TO CLIENT SEX

Variables	Male (N=27)		Female (N=27)	
	M	SD	M	SD
Client Perception of Counselor	92.63	5.15	94.15	6.68

TABLE 15

RESULTS OF t -TESTS FOR DIFFERENCES IN THE CLIENT
PERCEPTION OF COUNSELOR ACCORDING TO CLIENT SEX

Variables	Sex	df	t
Client Perception of Counselor	Female vs. Male	52	0.94 (ns)

Table 15 indicates that the difference between the male and female evaluations of the counseling relationship was not statistically significant. Thus, the null hypothesis was accepted. The clients of both sexes gave similar judgments regarding the quality of the counselor-client relationship. It is interesting that, though the female clients rated the counselors much like the male clients, the female clients produced more self-explorative behavior than did the male clients. The reason for the greater self-exploration on the part of female clients was not disclosed by this study. If the sample in this study is representative of all Counseling Center clients at the University of North Dakota, one might hypothesize that (1) our culture tends to facilitate more self-explorative behavior in females, or (2) only the less verbal males visit the University Counseling Center.

Hypothesis 4. There will be no significant difference in the levels of the counselor characteristics offered to clients with different types of problems.

To test this hypothesis, the judges' ratings of the three therapeutic conditions were compared according to intake problem category. The means and standard deviations of the judges' ratings of the counselor characteristics are presented in Table 16. The largest variance ratio of 1.5:1 occurred for the test for differences in empathy. The results of the F-tests for the therapeutic conditions as offered to clients with different types of problems are presented in Table 17.

TABLE 16

MEANS AND STANDARD DEVIATIONS FOR THE COUNSELOR
VARIABLES ACCORDING TO INTAKE PROBLEM CATEGORY

Variables	Vocational		Educational		Pers. M	Social SD
	M	SD	M	SD		
Counselor Empathy	2.32	0.72	2.28	0.58	2.50	0.65
Counselor Respect	2.43	0.70	2.41	0.64	2.54	0.67
Counselor Genuineness	2.41	0.63	2.40	0.63	2.44	0.63

Since there were no significant differences between males and females on these variables (Table 9), the male and female samples were combined. The F-tests are non-significant for empathy, respect, and genuineness. Consequently, the null hypothesis that there would be no differences in the therapeutic conditions offered to clients with different

TABLE 17

RESULTS OF F-TESTS FOR DIFFERENCES IN THE COUNSELOR
VARIABLES ACCORDING TO INTAKE PROBLEM CATEGORY

Source of Variation	SS	df	MS	F
Counselor Empathy				
Between Treatments	1.53	2	0.77	1.79 (ns)
Within Groups	<u>67.76</u>	<u>159</u>	0.43	
Total	69.29	161		
Counselor Respect				
Between Treatments	0.48	2	0.24	0.53 (ns)
Within Groups	<u>71.77</u>	<u>159</u>	0.45	
Total	72.25	161		
Counselor Genuineness				
Between Treatments	0.07	2	0.03	0.09 (ns)
Within Groups	<u>63.56</u>	<u>159</u>	0.40	
Total	63.63	161		

types of problems was retained.

Hypothesis 5. There will be no significant difference in the depth of self-exploration by clients with different types of problems.

This hypothesis was tested by comparing the judges' ratings of client self-exploration by intake problem category. Since there was a significant difference in self-exploration in the male-female comparison (Table 11), it was necessary to

compute the F -ratios for males and females separately. The results of the F -tests for sex differences in self-exploration in relation to problem category are presented in Table 18.

TABLE 18

RESULTS OF F -TESTS FOR DIFFERENCES IN CLIENT SELF-EXPLORATION IN RELATION TO INTAKE PROBLEM CATEGORY FOR MALE AND FEMALE CLIENTS

Source of Variation	SS	df	MS	F
Self-Exploration for Male Clients				
Between Treatments	1.80	2	0.90	0.61
Within Groups	<u>114.96</u>	<u>78</u>	1.47	
Total	116.76	80		
Self-Exploration for Female Clients				
Between Treatments	10.25	2	5.12	4.57 ^a
Within Groups	<u>87.51</u>	<u>78</u>	1.12	
Total	97.76	80		

^aSignificant at .05 level, two-tailed test.

The data shows that the F -ratios for self-exploration were significant for female clients ($p < .05$), but not for male clients. Stated somewhat differently, significant differences in self-exploration due to intake problem category were found for female clients only. The F -test for female clients was followed by Scheffé's S -test to determine which

problem categories had significantly different levels of self-exploration. The results of Scheffé's S-test for differences in self-exploration according to problem category are presented in Table 19.

TABLE 19

RESULTS OF SCHEFFÉ'S S-TEST FOR DIFFERENCES IN SELF-EXPLORATION IN RELATION TO INTAKE PROBLEM CATEGORY FOR FEMALE CLIENTS

Variable	Problem Categories	df	<u>F</u>
Client Self-Exploration	Personal Social vs. Vocational	1,78	5.73 ^a
	Vocational vs. Educational	1,78	0.17
	Personal Social vs. Educational	1,78	6.07 ^a

^aSignificant at .10 level, two-tailed test.

From the data in Table 19, it can be seen that two of the values computed for Scheffé's test were significant at the .10 level. Since Scheffé's test is an exceedingly stringent test (Ferguson, 1966), the .10 level is often to reduce the probability of making a Type II error. The results show that the level of self-exploration for female clients was very similar for vocational and educational problems and significantly greater in the personal social area than either

the vocational or the educational areas. Greater self-exploratory behavior for female clients was obtained in the personal social area despite the finding that the counselors did not offer significantly higher levels of empathy, respect, and genuineness (Table 17). It seems that female clients with personal social problems were able to respond with higher self-exploratory behavior than female clients with vocational or educational problems without a corresponding increase in the therapeutic conditions offered by the counselor. The reason for this tendency remains unanswered by this study. In the context of the cause-effect paradigm of the counselor characteristics and client self-exploration, it seems rather doubtful that higher levels of the counselor characteristics for vocational and educational problems would have produced a higher level of self-exploration. Rather, it could be hypothesized that the reason for greater self-exploration in the personal social area lies in the nature of the Depth of Self Exploration Scale. This scale places a premium on verbal expressions exhibiting a deep level of feeling and spontaneity as well as voluntary expressions of personally relevant material by the client. There is, perhaps, less motivation to respond in this manner when vocational and educational problems are the topic of concern. In the case of male clients, it could be hypothesized that their motivation does not change with the nature of the problem since their

level of self-exploration remained unchanged for the different types of problems.

Hypothesis 6. There will be no significant difference in the perceived quality of the relationship by clients with different types of problems.

The means and standard deviations for client perception of counselor according to problem category are presented in Table 20. The F-test was subsequently employed to ascertain the significance, if any, of obtained differences. An examination of the data in Table 21 shows that there were no significant differences in the clients' perceptions of the counselors according to intake problem category. Thus, the null hypothesis was accepted.

TABLE 20

MEANS AND STANDARD DEVIATIONS FOR CLIENT PERCEPTION
OF COUNSELOR ACCORDING TO INTAKE PROBLEM CATEGORY

Variable	M Vocational	SD	M Educational	SD	M Pers.	SD Soc.
Client Perception of Counselor	92.56	7.55	93.67	4.38	93.94	5.78

TABLE 21

RESULTS OF F-TEST FOR CLIENT PERCEPTION OF COUNSELOR
ACCORDING TO INTAKE PROBLEM CATEGORY

Source of Variation	SS	df	MS	<u>F</u>
Between Treatments	19.44	2	9.72	0.27 (ns)
Within Groups	<u>1861.56</u>	<u>51</u>	36.50	
Total	1881.00	53		

Hypothesis 7. The counselor characteristics are positively related to self-exploration in clients.

To test this hypothesis, the judges' ratings of each counselor variable were paired with the judges' ratings of self-exploration to obtain correlation coefficients. The results of these correlational procedures are presented in Table 23. Table 22 presents the means and standard deviations for the counselor variables and client self-exploration according to client sex and intake problem category.

The data in Table 23 indicate that the correlation coefficients between client self-exploration and the counselor variables were significant at the .05 level or less with the exception of the correlation coefficient between counselor genuineness and client self-exploration in the educational problem category. These results are viewed as confirming Hypothesis 7 which predicted a positive relationship between the counselor characteristics and client self-exploration for male and female clients in each problem category. The present

TABLE 22

MEANS AND STANDARD DEVIATIONS FOR THE COUNSELOR
VARIABLES AND CLIENT SELF-EXPLORATION ACCORDING
TO CLIENT SEX AND INTAKE PROBLEM CATEGORY

Variables	Male (N=27)		Female (N=27)	
	M	SD	M	SD
Vocational				
Counselor Empathy	2.19	0.80	2.44	0.61
Counselor Respect	2.30	0.72	2.57	0.67
Counselor Genuineness	2.30	0.73	2.53	0.50
Client Self-exploration	2.82	1.26	3.44	1.19
Educational				
Counselor Empathy	2.32	0.70	2.24	0.45
Counselor Respect	2.46	0.80	2.37	0.46
Counselor Genuineness	2.43	0.76	2.36	0.48
Client Self-exploration	2.70	1.10	3.32	0.86
Personal Social				
Counselor Empathy	2.42	0.70	2.58	0.60
Counselor Respect	2.44	0.65	2.63	0.69
Counselor Genuineness	2.32	0.62	2.57	0.65
Client Self-exploration	3.06	1.28	4.13	1.09

findings lend support to those of Truax and Carkhuff (1967) regarding the relationship between the therapeutic conditions and self-exploration. This study has established evidence to extend the importance of the therapeutic conditions to a university population with vocational, educational, and personal social problems.

It is interesting to note that there seems to be a somewhat higher relationship between the counselor variables and self-exploration in the personal social area for female

TABLE 23

PEARSON PRODUCT-MOMENT CORRELATION COEFFICIENTS
BETWEEN CLIENT SELF-EXPLORATION AND THE COUNSELOR
VARIABLES OFFERED TO MALE AND FEMALE CLIENTS
WITH DIFFERENT TYPES OF PROBLEMS

Variables	Male (N=27)	Female (N=27)
Vocational		
Counselor Empathy	.58 ^a	.36 ^a
Counselor Respect	.59 ^c	.41 ^b
Counselor Genuineness	.52 ^c	.33 ^a
Educational		
Counselor Empathy	.77 ^c	.35 ^a
Counselor Respect	.65 ^c	.35 ^a
Counselor Genuineness	.68 ^c	.17
Personal Social		
Counselor Empathy	.50 ^c	.39 ^c
Counselor Respect	.50 ^c	.73 ^c
Counselor Genuineness	.40 ^b	.36 ^a

^aSignificant at .05 level, one-tailed test (df=25).

^bSignificant at .025 level, one-tailed test (df=25).

^cSignificant at .005 level, one-tailed test (df=25).

clients than in the vocational and educational areas. There is no apparent reason for this, especially, when the reverse effect is seen for male clients, i.e., there seems to be a somewhat higher relationship between the counselor variables and self-exploration for male clients in the vocational and educational areas than in the personal social category. It is also interesting to find, with two exceptions, somewhat lower correlation coefficients for females than for males,

particularly, in view of the previous finding that female clients were functioning at a higher level of self-exploration than male clients (Table 13). Apparently, the female clients did not depend upon the cues and behavior of the male counselors to the same extent as the male clients.

Hypothesis 8. The counselor characteristics were positively related to the quality of the relationship perceived by clients.

To test this hypothesis, it was necessary to get averages for the judges' ratings of three four-minute segments from each counseling treatment for each of the counselor variables. The average ratings for the therapeutic conditions for each counseling treatment were then paired with the corresponding client's evaluation of the counseling relationship to obtain correlation coefficients. The correlation coefficients were computed for the entire sample of clients, since there were no significant differences in the counselor variables and client perception of the counselor according to problem category and sex. The results of the correlation coefficients between the counselor variables and client perception of the counselor are presented in Table 25. Table 24 presents the means and standard deviations of the average judges' ratings of the counseling characteristics and the questionnaire scores for the client perception of the counselor.

TABLE 24

MEANS AND STANDARD DEVIATIONS OF THE AVERAGED JUDGES' RATINGS OF THE COUNSELOR VARIABLES AND CLIENT PERCEPTION OF THE COUNSELOR FOR ALL CLIENTS

Variables	All Clients (N=54)	
	M	SD
Counselor Empathy	2.36	0.50
Counselor Respect	2.46	0.52
Counselor Genuineness	2.42	0.47
Client Perception of Counselor	93.39	5.96

TABLE 25

PEARSON PRODUCT-MOMENT CORRELATION COEFFICIENTS BETWEEN CLIENTS' PERCEPTION OF THE COUNSELOR AND THE COUNSELOR VARIABLES AS OFFERED TO ALL CLIENTS

Variables	All Clients (N=54)
Counselor Empathy	.23 (ns)
Counselor Respect	.13 (ns)
Counselor Genuineness	.12 (ns)

The results in Table 25 indicate that there were no correlation coefficients significant at the .05 level between the therapeutic conditions and client perception of the counselor. Thus, the results do not support the prediction of Hypothesis 8 that there would be a significant positive

relationship between the counselor variables and the clients' evaluations of their counselors. The questionnaire scores for measuring the quality of the counselor-client relationship were all very high. Apparently, the clients felt the counselors were functioning at a very high level in terms of developing a good counselor-client relationship. However, the low correlation coefficients would seem to indicate that the clients were not judging the counselors objectively.

Summary of Findings

Enumerated below are the findings which emerged from the present investigation:

1. There was no significant difference in the levels of empathy offered to male and female clients.
2. There was no significant difference in the levels of respect offered to male and female clients.
3. There was no significant difference in the levels of genuineness offered to male and female clients.
4. There was significantly greater depth of self-exploration for female clients than for male clients.
5. There was no significant difference in the quality of the relationship as perceived by male and female clients.
6. There was no significant difference in the levels of empathy offered to clients with different types of problems.

7. There was no significant difference in the levels of respect offered to clients with different types of problems.

8. There was no significant difference in the levels of genuineness offered to clients with different types of problems.

9. There was no significant difference in the levels of self-exploration for male clients with different types of problems.

10. There was significantly greater self-exploration in the personal social area for female clients than for either the vocational or the educational areas.

11. There was no significant difference in the quality of the relationship as perceived by clients with different types of problems.

12. There was a significant relationship between empathy and self-exploration for male clients with vocational problems.

13. There was a significant relationship between empathy and self-exploration for male clients with educational problems.

14. There was a significant relationship between empathy and self-exploration for male clients with personal social problems.

15. There was a significant relationship between empathy and self-exploration for female clients with voca-

tional problems.

16. There was a significant relationship between empathy and self-exploration for female clients with educational problems.

17. There was a significant relationship between empathy and self-exploration for female clients with personal social problems.

18. There was a significant relationship between respect and self-exploration for male clients with vocational problems.

19. There was a significant relationship between respect and self-exploration for male clients with educational problems.

20. There was a significant relationship between respect and self-exploration for male clients with personal social problems.

21. There was a significant relationship between respect and self-exploration for female clients with vocational problems.

22. There was a significant relationship between respect and self-exploration for female clients with educational problems.

23. There was a significant relationship between respect and self-exploration for female clients with personal social problems.

24. There was a significant relationship between genuineness and self-exploration for male clients with vocational problems.

25. There was a significant relationship between genuineness and self-exploration for male clients with educational problems.

26. There was a significant relationship between genuineness and self-exploration for male clients with personal social problems.

27. There was a significant relationship between genuineness and self-exploration for female clients with vocational problems.

28. There was a non-significant relationship between genuineness and self-exploration for female clients with educational problems.

29. There was a significant relationship between genuineness and self-exploration for female clients with personal social problems.

30. There was a non-significant relationship between empathy and the quality of the counselor-client relationship as perceived by the clients.

31. There was a non-significant relationship between respect and the quality of the counselor-client relationship as perceived by the clients.

32. There was a non-significant relationship between genuineness and the quality of the counselor-client relationship as perceived by the clients.

CHAPTER V

SUMMARY, CONCLUSIONS, DISCUSSION, AND RECOMMENDATIONS

Summary

This study sought to answer some questions about the interpersonal relationship between the counselor and client in a university counseling center. The questions were: Do male clients require different levels of the counselor characteristics from female clients? Are different levels of the counselor characteristics required for different types of client problems? Do the counselor characteristics help promote conditions conducive to constructive change in clients?

The following eight hypotheses were tested to answer the research questions:

1. There will be no significant difference in the levels of the counselor characteristics offered to male and female clients.
2. There will be no significant difference in the depth of self-exploration by male and female clients.
3. There will be no significant difference in the perceived quality of the relationship by male and female clients.
4. There will be no significant difference in the levels of the counselor characteristics offered to clients

with different types of problems.

5. There will be no significant difference in the depth of self-exploration by clients with different types of problems.

6. There will be no significant difference in the perceived quality of the relationship by clients with different types of problems.

7. The counselor characteristics are positively related to self-exploration in clients.

8. The counselor characteristics are positively related to the quality of the relationship perceived by clients.

The clients in this study were twenty-seven male and twenty-seven female students from the University of North Dakota in Grand Forks, North Dakota. The counselors were nine male doctoral interns from the Counseling Center at the University of North Dakota.

Nine male clients and nine female clients were assigned to each of the three problem categories (educational, vocational and personal social) and then assigned to the counselors by a senior staff member of the Counseling Center, Dr. Richard D. Gosz, from his observations of the client in an intake interview. The first interview with the counselor, called the counseling treatment, was tape-recorded. A four-minute random segment from each third of each counseling treatment was re-recorded on separate tapes. Three judges

rated the tape-recorded segments for counselor empathy, respect and genuineness and three different judges rated client self-exploration.

The counselor variables were measured with rating scales developed by Dr. Robert R. Carkhuff to determine the levels of empathy, respect and genuineness offered by the counselor. The level of self-exploration was determined by the Truax Depth of Self-Exploration Scale.

To appraise the quality of the relationship as perceived by the clients, each client was asked to complete the Counselor Evaluation Inventory-Short Form (CEI-SF) developed by Linden, Stone and Shertzer.

The statistics used in this study were Fisher's F , Fisher's t , Scheffé's S -test and Pearson's product-moment correlation coefficient. The .05 level of significance was required for each analysis except for Scheffé's test. Scheffé (1959) recommends using the .10 level instead of the .05 level. The .10 level of significance was employed for Scheffé's test.

The conclusions as indicated by the results of this investigation will be discussed in the next section.

Conclusions

Several conclusions can be drawn concerning the counselor-client relationship from the results of this study:

1. Although there was a trend for female clients to receive higher levels of empathy, respect and genuineness than male clients, the differences were not statistically significant. The significantly deeper self-exploration for females does not appear to be due to a corresponding increase in the levels of the therapeutic conditions unless the small non-significant differences in favor of the female clients were enough to produce significantly greater self-exploration. A plausible explanation is that male clients require higher levels of the therapeutic conditions for self-exploration than do female clients.

2. Neither female clients nor male clients received different levels of empathy, respect and genuineness when analyzed according to intake problem category. Stated somewhat differently the counselors offered similar levels of the therapeutic conditions to clients with different types of problems. Yet, female clients exhibited significantly deeper levels of self-exploration in the personal social area than in the vocational and educational problem categories. The male clients did not show significant differences in self-exploration according to intake problem category. Perhaps the reason for greater self-exploration in the personal social area for females is that they are more motivated to respond with deeper feeling and spontaneity when faced with personal social problems than when confronted with vocational or educational problems.

It is interesting to speculate upon whether the level of self-exploration is in part an index of motivation for self-exploratory behavior. Such a notion would suggest that the temperament of female students is such that they are more highly motivated to explore their feelings and experiences than males and that this motivation is highest for females while involved in exploring personal social type problems. This theoretical approach would further suggest that males become emotionally involved to the same extent with different types of problems. An alternative explanation is that offering higher levels of the therapeutic conditions to female clients with vocational and educational problems would increase their levels of self-exploration in these problem categories. Thus, the question on whether different levels of the counselor characteristics are required for different types of problems cannot be answered with finality as yet.

3. This study found significant relationships, with only one exception, between the counselor variables and self-exploration for clients of either sex in each problem category. It may be concluded that empathy, respect and genuineness as offered by the counselors are related to self-exploration for university clients with vocational, educational and personal social problems. Other research studies (Truax and Carkhuff, 1967) have clearly demonstrated that self-exploration is a necessary condition for constructive change in the client.

Discussion

The means for the therapeutic conditions offered by the counselors as a group for male and female clients with educational, vocational and personal social problems ranged from 2.19 to 2.63 in the present study. These means are in the low-moderate range and compare favorably with the means reported for counselor interns in other studies. However, all the means were below level 3, defined as minimally facilitative by Carkhuff. It must be acknowledged that much of the counseling fell short of the minimum level of facilitative inter-personal functioning.

The means for client self-exploration according to client sex and problem category ranged from 2.70 to 4.13. Again, these means compare favorably with the means for client self-exploration reported in other studies using counselor interns. Yet, much of the clients' self-exploratory behavior was rather low level, since level 4 is defined as the beginning of voluntary expression of personally relevant material. The narrow range of scores achieved for the counselor and client variables would increase the probability of making a Type II error. Perhaps, some of the results which were approaching significance would have actually achieved significance with an increased range in the scores.

The counselor interns have been exposed to several theories of counseling viz. client-centered theory,

behavioristic theory, trait-factor theory and psychoanalytic theory. Since the development of a counseling relationship through active participation has been the overriding emphasis throughout the training of the counselors, there was a certain degree of homogeneity in the counseling approach of the counselors despite some variations in theoretical leaning and individual differences, e.g., attitudes and needs.

Though the counselors offered similar levels of the therapeutic conditions to clients of either sex and to clients with different types of problems, it seems unlikely that this should be interpreted as evidence for a high degree of homogeneity among the counselors in counseling approach, attitudes or any other personality factors. Rather, a more probable explanation would be that the differences which existed among the counselors did not significantly influence their functioning with clients of different sex or with clients who had different types of problems. A third explanation which should not be ignored is that, since the counselors were studied in a group, any differences in their functioning according to sex and problem category of clients may have been masked because of the averaging effect.

The averaging effect argument is blunted somewhat by the results of the client evaluation of the quality of the relationship. The counselors were rated very favorably and there were no significant differences in the client evaluations when analyzed by problem category and by sex of client.

If client evaluations of their counselors can be relied upon, the evidence indicated that the counselors were functioning at high levels in terms of developing a good counselor-client relationship regardless of client sex or problem category.

The high scores given the counselors by the clients do not seem warranted, when viewed in the light of the judges' moderate ratings of empathy, respect and genuineness from tape-recorded interviews. Other evidence indicates that clients sometimes make judgments on criteria other than those considered relevant. For example, Truax and Carkhuff (1967) found that objective tape ratings of the therapeutic conditions were associated with external criteria of client improvement while client evaluations of the therapist offered conditions were not associated with improvement.

It is the contention of this investigator that client evaluations of the counselor are rather fruitless for obtaining answers to research questions. The evidence gathered to date suggests that greater expenditure of effort to secure objective evaluations of counselor and client behavior is well rewarded in terms of increasing the validity of the results obtained. The attempt to match the therapist's description of the client with the client's self-description as a measure of empathy was a problem in the Cartwright and Lerner (1963) study. They found that therapists obtained higher scores for empathy on the first interview with clients of the opposite sex. This finding has not held up in subse-

quent investigation including the present study which used ratings of tape-recordings of the counselor-client interaction.

The results of study showed that the clients' evaluations of their counselors were not significantly related to the levels of empathy, respect and genuineness which they received. It seems that the clients judged their counselors on something other than their ability to offer the therapeutic conditions. Most of the scores on the questionnaires were high, a finding which suggests that client leniency may have been a factor. An alternative explanation is that high scores on the questionnaires are associated with a greater willingness to engage in a counseling relationship.

Furthermore, Hansen et al. (1968) found that clients are not good judges of the therapeutic conditions and that judges' ratings rather than clients' perceptions correlate significantly with client improvement. This suggests that Rogers' postulation that clients must perceive the therapeutic conditions to a minimal degree is not a necessary condition. Apparently the client does not have the ability to assess who and what is good for him. This has been observed when the client is asked to give an overall evaluation of the quality of the relationship following the counseling interview. However, the consistent relationship found between the therapeutic ingredients and the self-exploratory behavior of the client suggests that the client does perceive the

therapeutic conditions in the immediate context but cannot accurately discern them after some time has elapsed.

The validity of gross measurements of the therapeutic conditions is suspect and points out the need for greater use of tape recordings and video-tape recordings when available in future research to unravel the counselor-client relationship.

The male clients engaged in less self-exploratory behavior than the female clients. This may indicate that the male students who come to the counseling center are the less verbal, more inhibited males on campus. This, no doubt, reflects a cultural phenomenon at the University of North Dakota where students, particularly males, are reticent to volunteer for counseling aid. Since, self-exploration is associated with constructive change, it follows that the male clients would be likely to show less change on external criteria of improvement than the female clients in this study.

Though significantly greater self-exploration was reported for females than for males, the correlation coefficients demonstrated a somewhat higher relationship between the counselor variables and self-exploration for males than for females, with only two exceptions. Several questions are suggested by these findings. Do male counselors work more effectively with female clients than with male clients? Are female clients less dependent upon the cues and behavior of the counselors than male clients? Are females more adept

at expressing themselves verbally than males? Are females more willing to behave in a self-exploratory fashion? Do female clients have more capacity to turn inward than male clients? These questions pose a need for further research for more definitive answers.

The counselors did not provide lower levels of the therapeutic conditions for vocational and educational problems than for personal social problems. This suggests that counselors do not consider clients with educational and vocational problems as any less important than clients with personal social problems. The same can be said with regard to male and female clients. This has important implication because when the client is valued highly by the counselor, the resolution of the client's problem is, no doubt, facilitated. It is fundamental, then, that each counselor examines his own taped interviews to determine whether he can function with equal efficacy with different clients.

The results of this study indicated that counselors achieve and maintain similar levels of the therapeutic conditions with clients regardless of sex or problem category. These findings suggest that empathy, respect and genuineness characterize counselors in a wide variety of helping relationships, including counseling centers in colleges and universities.

Since the evidence demonstrated the importance of empathy, respect and genuineness in the counselor-client

relationship with university students, the training of counselors to develop their capacities for these attributes is indicated. It was noted in the review of the related literature that Truax and Carkhuff (1967) have found evidence to suggest that low levels of the therapeutic conditions produce detrimental changes in the client while high levels of these variables produce constructive changes in the client. Truax and Carkhuff have also found that counselors-in-training can achieve higher levels of these attributes when special training in practicing the therapeutic conditions is given.

Recommendations

Several recommendations will be offered for future research aimed at promoting better understanding of the counselor-client relationship.

1. A replication of this study using female counselors would yield needed information and could identify interesting differences related to sex of the counselor.

2. More confirmation is essential on whether male counselors work more effectively with female clients than male clients before this tentative interpretation can be accepted. This would require finding a higher correlation for females than males between self-exploration and some external criteria of improvement.

3. More research is essential to ascertain whether female clients have greater motivation for self-exploratory

behavior than male clients.

4. It would be interesting to see if the obtained relationships between the counselor variables and self-exploration would be modified if other measures of client behavior such as problem expression or immediate experiencing were utilized.

5. It may be well for future studies in a University Counseling Center to consider using the second interview with the client rather than the first interview. A large portion of time from a number of interviews was found to be spent on interpretation of the Strong Vocational Interest Blank. While counselor-client interaction during test interpretations was found to be suitable for measurement with the rating scales, it often was apparent that the counselor-client interaction was less spontaneous and consequently the level of interaction was rated lower than it might have been during a less structured interview. On the other hand, a large number of university clients voluntarily terminate after one interview. These factors should be weighed carefully when deciding which interview or interviews to utilize for study.

6. Further study should be undertaken to determine whether individual counselors function at different levels with clients of different sex and with clients with different types of problems.

7. There were no significant differences found between

the vocational and educational problem categories. This would suggest that future research might profitably combine these two categories without losing meaningful data.

8. Future studies should incorporate a method for standardizing the classification of clients' problems. This could take the form of a short questionnaire given to the client and/or the counselor. In another approach, tape-recorded intake interviews could be given problem diagnoses by judges. A third alternative might be the use of judges to classify the problem from the actual tape-recorded segments of counselor-client dialogue used for the data analyses in the study.

APPENDIX A

Empathic Understanding in Interpersonal Processes. II

A Scale for Measurement

Robert R. Carkhuff

State University of New York at Buffalo

The present scale "Empathic understanding in interpersonal processes" has been derived in part from "A scale for the measurement of accurate empathy" by C. B. Truax which has been validated in extensive process and outcome research on counseling and psychotherapy (summarized in Truax and Carkhuff, 1967) and in part from an earlier version which has been validated in extensive process and outcome research on counseling and psychotherapy (summarized in Carkhuff and Berenson, 1967). In addition, similar measures of similar constructs have received extensive support in the literature of counseling and therapy and education. The present scale was written to apply to all interpersonal processes and represent a systematic attempt to reduce the ambiguity and increase the reliability of the scale. In the process many important delineations and additions have been made, including in particular the change to a systematic focus upon the additive,

subtractive or interchangeable aspects of the levels of communication of understanding. For comparative purposes, Level 1 of the present scale is approximately equal to Stage 1 of the Truax scale. The remaining levels are approximately correspondent: Level 2 and Stages 2 and 3 of the earlier version; Level 3 and Stages 4 and 5; Level 4 and Stages 6 and 7; Level 5 and Stages 8 and 9. The levels of the present scale are approximately equal to the levels of the earlier version of this scale.

Level 1. The verbal and behavioral expressions of the first person either do not attend to or detract significantly from the verbal and behavioral expressions of the second person(s) in that they communicate significantly less of the second person's feelings than the second person has communicated himself.

Examples: The first person communicates no awareness of even the most obvious, expressed surface feelings of the second person. The first person may be bored or disinterested or simply operating from a preconceived frame of reference which totally excludes that of the other person(s).

In summary, the first person does everything but express that he is listening, understanding or being sensitive to even the feelings of the other person in such a way as to detract significantly from the communications of the second person.

Level 2. While the first person responds to the expressed feelings of the second person(s), he does so in such a way that he subtracts noticeable affect from the communica-

tions of the second person.

Examples: The first person may communicate some awareness of obvious surface feelings of the second person but his communications drain off a level of the affect and distort the level of meaning. The first person may communicate his own ideas of what may be going on but these are not congruent with the expressions of the second person.

In summary, the first person tends to respond to other than what the second person is expressing or indicating.

Level 3. The expressions of the first person in response to the expressed feelings of the second person(s) are essentially interchangeable with those of the second person in that they express essentially the same affect and meaning.

Example: The first person responds with accurate understanding of the surface feelings of the second person but may not respond to or may misinterpret the deeper feelings.

The summary, the first person is responding so as to neither subtract from nor add to the expressions of the second person; but he does not respond accurately to how that person really feels beneath the surface feelings. Level 3 constitutes the minimal level of facilitative inter-personal functioning.

Level 4. The responses of the first person add noticeably to the expressions of the second person(s) in such a way as to express feelings a level deeper than the second person was able to express himself.

Example: The facilitator communicates his understanding of the expressions of the second person at a level deeper than they were expressed, and thus enables

the second person to experience and/or express feelings which he was unable to express previously.

In summary, the facilitator's responses add deeper feeling and meaning to the expressions of the second person.

Level 5. The first person's responses add significant-ly to the feeling and meaning of the expressions of the second person(s) in such a way as to (1) accurately express feelings levels below what the person himself was able to express or (2) in the event of ongoing deep self-exploration on the second person's part to be fully with him in his deepest moments.

Examples: The facilitator responds with accuracy to all of the person's deeper as well as surface feelings. He is "together" with the second person or "tuned in" on his wavelength. The facilitator and the other person might proceed together to explore previously unexplored areas of human existence.

In summary, the facilitator is responding with a full awareness of who the other person is and a comprehensive and accurate empathic understanding of his most deep feelings.

APPENDIX B

The Communication of Respect in Interpersonal Processes. II

A Scale for Measurement

Robert R. Carkhuff

State University of New York at Buffalo

The present scale, "Respect or Positive Regard in Interpersonal Processes," has been derived in part from "A tentative scale for the measurement of unconditional positive regard" by C. B. Truax which has been validated in extensive process and outcome research on counseling and psychotherapy (summarized in Truax and Carkhuff, 1967) and in part from an earlier version which has been validated in extensive process and outcome research on counseling and psychotherapy (summarized in Carkhuff and Berenson, 1967). In addition, similar measures of similar constructs have received extensive support in the literature of counseling and therapy and education. The present scale was written to apply to all interpersonal processes and represents a systematic attempt to reduce the ambiguity and increase the reliability of the scale. In the process many important delineations and additions have been made. For comparative purposes, the levels

of the present scale are approximately equal to the stages of both the earlier scales, although the systematic emphasis upon the positive regard rather than upon unconditionality represents a pronounced divergence of emphasis and the systematic deemphasis of concern for advice-giving and directionality, both of which may or may not communicate high levels as well as low levels of respect.

Level 1. The verbal and behavioral expressions of the first person communicate a clear lack of respect (or negative regard) for the second person(s).

Example: The first person communicates to the second person that the second person's feelings and experiences are not worthy of consideration or that the second person is not capable of acting constructively. The first person may become the sole focus of evaluation.

In summary, in many ways the first person communicates a total lack of respect for the feelings, experiences and potentials of the second person.

Level 2. The first person responds to the second person in such a way as to communicate little respect for the feelings and experiences and potentials of the second person.

Example: The first person may respond mechanically or passively or ignore many of the feelings of the second person.

In summary, in many ways the first person displays a lack of respect or concern for the second person's feelings, experiences and potentials.

Level 3. The first person communicates a positive re-

spect and concern for the second person's feelings, experiences and potentials.

Example: The first person communicates respect and concern for the second person's ability to express himself and to deal constructively with his life situation.

In summary, in many ways the first person communicates that who the second person is and what he does matters to the first person. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4. The facilitator clearly communicates a very deep respect and concern for the second person.

Example: The facilitator's responses enables the second person to feel free to be himself and to experience being valued as an individual.

In summary, the facilitator communicates a very deep caring for the feelings, experiences and potentials of the second person.

Level 5. The facilitator communicates the very deepest respect for the second person's worth as a person and his potentials as a free individual.

Example: The facilitator cares very deeply for the human potentials of the second person.

In summary, the facilitator is committed to the value of the other person as a human being.

APPENDIX C

Facilitative Genuineness in Interpersonal Processes

A Scale for Measurement

Robert R. Carkhuff

The present scale, "Facilitative genuineness in interpersonal processes" has been derived in part from "A tentative scale for the measurement of therapist genuineness or self-congruence" by C. B. Truax which has been validated in extensive process and outcome research on counseling and psychotherapy (summarized in Truax and Carkhuff, 1967) and in part from an earlier version which has been similarly validated (summarized in Carkhuff and Berenson, 1967). In addition, similar measures of similar constructs have received support in the literature of counseling and therapy and education. The present scale was written to apply to all interpersonal processes and represents a systematic attempt to reduce the ambiguity and increase the reliability of the scale. In the process, many important delineations and additions have been made. For comparative purposes, the levels of the present scale are approximately equal to the stages of the earlier scale, although the systematic emphasis upon the constructive employment of negative reactions represents a

pronounced divergence of emphasis.

Level 1. The first person's verbalizations are clearly unrelated to what he is feeling at the moment, or his only genuine responses are negative in regard to the second person(s) and appear to have a totally destructive effect upon the second person.

Example: The first person may be defensive in his interaction with the second person(s) and this defensiveness may be demonstrated in the content of his words or his voice quality and where he is defensive he does not employ his reaction as a basis for potentially valuable inquiry into the relationship.

In summary, there is evidence of a considerable discrepancy between the first person's inner experiencing and his current verbalizations or where there is no discrepancy, the first person's reactions are employed solely in a destructive fashion.

Level 2. The first person's verbalizations are slightly unrelated to what he is feeling at the moment or when his responses are genuine they are negative in regard to the second person and the first person does not appear to know how to employ his negative reactions constructively as a basis for inquiry into the relationship.

Example: The first person may respond to the second person(s) in a "professional" manner that has a rehearsed quality or a quality concerning the way a helper "should" respond in that situation.

In summary, the first person is usually responding according to his prescribed "role" rather than to express what he per-

sonally feels or means and when he is genuine his responses are negative and he is unable to employ them as a basis for further inquiry.

Level 3. The first person provides no "negative" cues between what he says and what he feels, but he provides no positive cues to indicate a really genuine response to the second person(s).

Example: The first person may listen and follow the second person(s) but commits nothing more of himself.

In summary, the first person appears to make appropriate responses which do not seem insincere but which do not reflect any real involvement either. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4. The facilitator presents some positive cues indicating a genuine response (whether positive or negative) in a non-destructive manner to the second person(s).

Example: The facilitator's expressions are congruent with his feelings although he may be somewhat hesitant about expressing them fully.

In summary, the facilitator responds with many of his own feelings and there is no doubt as to whether he really means what he says and he is able to employ his responses whatever the emotional content, as a basis for further inquiry into the relationship.

Level 5. The facilitator is freely and deeply himself in a non-exploitative relationship with the second person(s).

Example: The facilitator is completely spontaneous in his

interaction and open to experiences of all types, both pleasant and hurtful; and in the event of hurtful responses the facilitator's comments are employed constructively to open a further area of inquiry for both the facilitator and the second person.

In summary, the facilitator is clearly being himself and yet employing his own genuine responses constructively.

APPENDIX D

A Tentative Scale for the Measurement of Depth Self-Exploration

Charles B. Truax, Ph. D.

Arkansas Rehabilitation Research and Training Center
and University of Arkansas

The following is a 9-point scale attempting to define the extent to which patients engage in self-exploration, ranging from no demonstrable intrapersonal exploration to a very high level of self-probing and exploration. Although this basic scale is intended to be a continuum corrections should be added to determine the final assigned scale value.

Stage 0. No personally relevant material and no opportunity for it to be discussed. (Personally relevant material refers to emotionally tinged experiences or feelings, or to feelings or experiences of significance to the self. This would include self-descriptions that are intended to reveal the self to the therapist, the communications of personal values, perceptions of one's relationships to others, one's personal role and self-worth in life, as well as communications indicating upsetness, emotional turmoil, or expressions of more specific feelings of anger, affection, etc.)

Example A:

T: So you'll see Mrs. Smith about taking those tests?
Have you got your slip?
C: Yeah.
T: As I mentioned earlier, I have to leave a little
early today. (Phone rings) Hello, yes, this is
Dr. Jones. Right, right, okay, right away,
Goodbye. (Hangs up) So then I'll see you next
Tuesday?
C: At ten?
T: Yes, or a little bit after. Okay, I'll see you
next week.

Example B:

T: I am sorry that I'll be gone for. . .several weeks
now or. . .
C: Mmm. . .Oh!
T: Maybe over two weeks.
C: Mmm.
T: 'Cause here I just -- we just start, and then. . .
C: Mmm.
T: I go away and. . .

Stage 1. The patient actively evades personally rele-
vant material (by changing the subject, for instance, refu-
sing to respond at all, etc.). Thus, personally relevant
material is not discussed. The patient does not respond to
personally relevant material even when the therapist speaks
of it.

Example A:

T: As though you're just feeling kind of down about
these things. . .
C: Tired.
T: What?
C: Tired.
T: Tired. . .kind of worn out?
C: Couldn't sleep last night. (Pause)
T: You're just feeling kind of worn out.
(Client does not respond--silence to end of tape.)

Example B:

C: Dining room?
 T: Hmm?
 C: You're dialing room? (Pause) That's why the operator always answers when I dial half around.
 T: Is this your dialing room?

Stage 2. The patient does not volunteer personally relevant material but he does not actually evade responding to it when the therapist introduces it to the interpersonal situation.

Example A:

T: I gather it is rather tiresome for you to wait because unless somebody else says something you don't know when it'll be, you'll be out.
 C: Uh huh. I hope someone does something for me pretty soon. (Long silence)
 T: There's such a feeling about all this as if--me, I'm powerless. I can't do a thing.
 C: You wait until your doctor tells you. . .can do something but. . . (Silence)

Example B:

Five minutes of silence have preceded this interchange.
 T: Our time is nearly up. I guess you just feel kind of somber?
 C: Yeah, hopeless.
 T: Hopeless. . .
 C: Everything. . .
 T: Everything's a mess, nothing can. . .nothing can work out. (Pause) It's just hopeless (pause). . . feeling might be going into it or talking about it. It's hopeless anyway.
 C: Yeah, I. . .nothing makes sense anymore. (Laughs)
 T: Hmm?

Stage 3. The patient does not himself volunteer to share personally relevant material with the therapist, but he responds to personally relevant material introduced by the therapist. He may agree or disagree with the therapist's

remarks and may freely make brief remarks, but he does not add significant new material.

Example A:

- T: And I guess you don't need to, uh, see that doctor at all. But I'll see him and ask him--if you'd like me to?
- C: Yes, I would.
- T: Okay, I wanted to ask him also about your staffing because it was scheduled for this Monday and they must have had some kind of mix-up again. They didn't have it did they?
- C: No. Uh uh. They didn't call on it. (Silence)
- C: There are a few new patients over there now.

Example B:

- T: What did you do during those couple of years?
- C: Nothing. Just stayed home.
- T: Stayed home?
- C: Right.
- T: That's when you stayed home and looked after your little sister?
- C: Yes. Except one year I did have a summer job.
- T: How did that go?
- C: Okay, But it was dirty.
- T: Your sister. . .how did that go?

Stage 4. Personally relevant material is discussed (volunteered in part or in whole). Such volunteer discussion is done (1) in a mechanical manner (noticeable lacking in spontaneity or as a "reporter" or "observer"); and (2) without demonstration of emotional feeling. In addition, there is simply discussion without movement by the patient toward further exploring the significance or meaning of the material or feeling in an effort to uncover related feelings or material. Both the emotional remoteness and the mechanical manner of the patient make his discussion often sound rehearsed.

Example A:

- C: (Talks in a flat, monotone voice). . .It was hot, too.
- T: It was a kind of hectic and not too satisfying experience, I take it?
- C: I mean the whole day was a flop. (Nervous laugh) It started out we were just goin' to take a ride. A trip. Take a ride up north. I. . .'cause I knew all the places would be busy, you know, and with the children it isn't too nice. . .and. . . so I. . .Nobody seemed to know where they. . .where they wanted to go. . .I mean it wasn't too well planned in the first place. Thought we'd just get out for a while and drive and stop off if we saw something we would like to see. And then he said the night before we weren't going to go, 'cause they were acting up some. . .and they were crying over that. Because one was trying to boss the other. (Laughs nervously) And then on the way up, we stopped every few miles and looked at a map. (Said slowly, with a tired and resigned tone of voice) It was. . .I don't know. . .it was. . .It wasn't nice.
- T: Is it kind of discouraging to see the same darn old pattern of. . .?
- C: It was the same all over again. . .(Long pause). . . it certainly was. . .Got a good start anyway.

Example B:

- C: Yeah. . .and let's see, what else did we do last weekend? We went to look at some new houses. The landlord said that we may not have to move. But my husband is going to talk to him again this week and then we'll know more. . .
- T: Um hum.
- C: S. . .
- T: You may not have to go through that, huh?
- C: Yes, may not have to go through that.
- T: Yes, um hum.
- C: When we go through some houses that you can buy without a down payment--just closing costs. But they're so expensive, but at least it's something and my husband sort of would like to buy one of those.
- T: Hmm, at least that's possible.
- C: Yes.

Stage 5. This stage is similar to Stage 4 except that

the material is discussed either with feeling indicating emotional proximity or with spontaneity, but not both.

(Voice quality is the main cue.)

Example A:

- C: He's the only close relative I have. But he's wrapped up in his own family up there. . .and he doesn't seem to. . .to realize that this house is the type. . .it's dear to me. . .I don't want to sell it, it. . .I really don't.
- T: But he wants to sell it.
- C: . . .He wants to sell it. He's eager to get rid of it because it's not worth keeping. . .to him, because he has his own home. But this is all the home that I have. (Pause) But of course, he is perfectly willing to sell it for as much money as he can get, and on that score he doesn't give me any trouble. He doesn't want a sacrifice sale as my guardian seems to want. . .
- T: That's one of the few things that you have to look forward to. . .and going back to it. . .

Example B:

- T: Part of what it says to me is, "Boy, I had a wonderful time this weekend, and I found that my home was getting put together again, that I don't have to worry about my mother taking my son. My husband is doing something good, and when I do get out of here, at least I have something to look forward to now."
- C: That's right. I mean, no matter what, what you said now, I mean I didn't let it, let it bother me, it being that like my sister was quite ill and expecting another baby. I think she has about five or six children now, I mean, my mother said, well, she had a seven or eight hundred dollar doctor bill. She was just. . .just, it's just the insinuation that. . .the. . .uh. . .they could afford it, and I couldn't and I belonged here is. . .and didn't have the money financially to do, uh, to do what, what uh. . .the rest of my family, with their big homes and that, can do. 'Cause we're in no position and never did have our, our own home, and. . .uh. . .but it didn't bother me, being that my husband was home now and able to take some responsibility. And, if he wouldn't have went and taken

this job, coast-to-coast on the road there, I know I never would have been back in here again.

Stage 6. In Stage 6 the level of Stage 4 is achieved again, with the additional fact that the personally relevant material is discussed with both spontaneity and feeling.

There is clear indication that the patient is speaking with feeling, and his communication is laden with emotion.

Example A:

- C: (Speaks with trembling voice throughout interview, almost always on the verge of sobbing, and in instances, does weep.) Do you have a match, or don't you use them?
- T: Yes, I have one. . .
- C: (Lights cigarette) Thank you.
- T: You're welcome.
- C: (Pause). . .Like I said, you can't go back to living like that. (Pause) I've said, and even if he said he wouldn't do those things again, I'd still. . .I mean I just can't trust him anymore. again, I'd still. . .I mean I just can't trust him anymore. (Voice becomes very thin) I know it'd be that way. Not because I want to go back again. It'd be on account of the children. I don't want to come home. (Long pause) So there he's again using it. Now it's my fault. I don't want to go home so they think I don't want to come to them, back to them. (Crying) See?

Example B:

- C: Dr. Smith showed me exactly how they do this. I was working at. . .at that time.
- T: Um hmm.
- C: But it sure. . .God! I never saw a fella, I never saw a child, change so much from a. . .well, I had a picture of him before and after. I just never saw. . .he was just. . .(Pause, groping for words)
- T: Very striking, I guess.
- C: Huh?
- T: It must have been very striking.
- C: Oh Boy! (Nervous laughter) It was, uh, it was, uh, well. . .I just. . .never you just don't believe it. That's all, because people just don't. . .well you saw pictures of malnutrition and

Stage 7. Tentative probing toward intrapersonal exploration. There is an inward probing to discover feelings or experiences anew. The patient is searching for discovery of new feelings which he struggles to reach and hold on to. The individual may speak with many private distinctions or with "personal" meanings to common words. He may recognize the value of this self-exploration but it must be clear that he is trying to explore himself and his world actively even though at the moment he does so perhaps fearfully and tentatively.

Example A:

- C: What. . .do you think this is about, what would anybody get out of this?
 T: Hmm. Not quite sure what you're asking.
 C: This kind of therapy?
 T: Hmm. You mean, "What is there in it for me?"
 C: What could, could anybody get out of it?
 T: Uh hmm. Well, saying, "Right now, I don't really feel I am getting anything."
 C: Well, I guess I haven't been in it long enough.
 T: Uh hmm. Well, anyway, is it uh, "Few times we have talked, I don't really feel I've gotten much out of it?"

Example B:

- C: (Coughs) There are a lot of things that, that hurt. Yet I know I shouldn't. . .let them bother me because some way they seem foolish, but in other ways they carry a great deal of weight. (Pause)
 T: Um Hmm. You know that there's an irrational part of it, but knowing that doesn't prevent you from feeling that.
 C: No. Nor does it stop me from undergoing the compulsions. (Pause)
 T: That was an example, and even talking about it. . .
 C: It just makes my heart beat fast. I just feel myself going up.
 T: Were you ever afraid that you might do something like that? Try and recall. . .

- C: Well, just the thought of it frightens me. . .so much. It's like the, I think I told you one time, it's like playing a game, only you don't want to play it. That every thought would come into your mind. . .successively each time. Then there's a counterpart. I mean you can, you can't have any good feelings without having bad. . .
- T: . . .without having bad feelings.

Stage 8. Active intrapersonal exploration The patient is following a "connected" chain of thoughts in focusing upon himself and actively exploring himself. He may be discovering new feelings, new aspects of himself. He is actively exploring his feelings, his values, his perceptions of others, his relationships, his fears, his turmoil, and his life-choices.

Example A:

- C: (She is relating experiences in Germany during World War II) I don't want to exaggerate but, why, you could have killed for some things! And the pendulum was always swinging. You never knew. You'd steal carrots to eat because you were always so dreadfully hungry. There was no clothing, no fuel. . .and the cold. . .(Voice soft, reflects a great deal of concentration) They had. . .they always announced the dead, those who had been killed in the war. And one always went and read the lists. I don't recall exactly where they were. . .(Pause) It was conducive to think that life was. . .
- T: Unendurable, and getting used to the, that way of living.
- C: Yes, yes, uh hum, I had no. . .I was not. . .I have a very close girlfriend who shared my things but I was not kind and tender with my brothers. I remember one thing that really shames me still. I was to watch out for them, and my younger brother fell and bruised his head one day, and I just pulled his cap over that. Really, really, but. . .but my excuse I think I can say was that nobody ever treated me lovingly. At least I think that.
- T: It was a hard life and you have to be hard. This

is what you knew.

Example B:

- C: I think, ah, ah, I think you are probably right and, and, and, I wouldn't believe it. But I have the results and I owe the results to you. (Pauses, makes a series of tentative starts, then continues) Sometimes it may, must be a process of getting better that you make out of something that you hear, like--like an attack that galvanizes you into action, because in the end this is what I must do myself and I, and ah, ah. . . I know the tender subtleties that are involved and I know the immense vulnerability of any person. I didn't think I could hurt as much and I didn't think that could be, ah. . . take the bite of others as well as their bark. I talked to my husband yesterday about mother's death. It was very lonely and very stupid in a poorly run hospital on a Sunday afternoon where they just sort of gave her no care at all and I, I said to my husband how terrible, how terrible that was and he pointed out rather patiently to me; he said, "Well, your brother brought her there in the afternoon and then she died four or five hours later." And that nobody was there was unfortunate but basically somebody was there, and, and, and my brother and my sister-in-law were as concerned as you would have been, only they were told there was no. . . danger at all, and so, in the meantime, my mother had died. And I found myself so gratefully holding on to this explanation. Why I am unable to find the positive explanation, I don't know, but I am constantly unable to look at the positive side. Yet, I think I can learn it. . . (pause) certainly if meaninglessness doesn't do it than I think willingness will do it. And, and, I thought, I thought now here he knows I have a problem and we not only talk about. . .
- T: I think I was trying to say to you something about this. . .
- C: And don't you think I can find out? I mean beyond the words are. . . is. . . this universe where. . .

Stage 9. Stage 9 is an extension of the scale to be used in those rare moments when the patient is deeply exploring and being himself, or in those rare moments when he achieves a significant new perceptual base for his view of

himself or the world. A rating at this stage is to be used at the judge's discretion.

Corrections. The following corrections should be applied to each basic rating where appropriate.

A. If a therapist is doing the talking but is speaking for the patient (i.e., depth reflection) and the patient is "with" him, then give the segment the rating based on the way the therapist is talking and subtract one full stage.

B. If a segment fits a given stage but does not clearly include all elements of the preceding lower stages (for example, Stage 7 lacking spontaneity), then subtract one-half stage for each missing element.

C. Add one-half stage for "personally private" material. "Personally private" material is any communication which thereby makes the individual more vulnerable. It may be information given that could be thrown back at the patient by a hostile person in a very hurtful way. It thus has the potential of being personally damaging material.

D. Add one full stage for discussion of "personally damning" material. This is material that would be revealed only in a safe, accepting and nonthreatening close relationship. Said in any other context it would hold the threat that the other person could "throw it in his face," which might be catastrophically damaging. It would almost invariably involve the patient's making a damaging admission about personal weaknesses, failures, or "terrible things that

he has thought, felt, said, or done."

APPENDIX E

Counseling Evaluation Inventory

S. C. Stone, J. D. Linden and B. Shertzer

Purdue University

Instructions

On the following page are some statements about counseling. Your task is to rate your own counseling experience using these statements. Next to each statement are five boxes. Helping words have been placed above the boxes to tell you what each box means.

For example, one student rated these sample statements in the following way:

Always Often Sometimes Rarely Never

- | | | | | | |
|---|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| A. The counselor had a good sense of humor. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. The counselor did not listen to what I said. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

The person who judged statement "A" thought that his counselor often had a good sense of humor. He marked statement "B" to indicate that his counselor rarely failed to listen to what he had to say.

You are to rate all of the statements on the following page by placing an X in the box which best expresses how you feel about your own counseling experience.

Here are some suggestions which may be of help to you:

1. This is not a test. The best answer is the one which honestly describes your own counseling experience.

2. Be sure to answer all the items.

3. Do not mark more than one box for any one item.

4. There is no time limit; however, work rapidly.

Do not spend too much time on any one item.

To begin, turn this page over

Your Name: _____ Sex: _____

Date: _____

Do Not
Write
Here

Always Often Sometimes Rarely Never

1. I felt the counselor accepted me as an individual.

☐ ☐ ☐ ☐ ☐

2. I felt comfortable in my interviews with the counselor.

☐ ☐ ☐ ☐ ☐

3. The counselor acted as though he thought my concerns and problems were important to him.

☐ ☐ ☐ ☐ ☐

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Always Often Sometimes Rarely Never

- | | | | | | | | |
|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
| 4. | The counselor acted uncertain of himself. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. _____ |
| | | | | | | | 13. _____ |
| | | | | | | | 14. _____ |
| 5. | The counselor helped me to see how taking tests would be helpful to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. _____ |
| | | | | | | | 16. _____ |
| | | | | | | | 17. _____ |
| 6. | The counselor acted cold and distant. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. _____ |
| | | | | | | | 19. _____ |
| | | | | | | | 20. _____ |
| 7. | I felt at ease with the counselor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. _____ |
| | | | | | | | 22. _____ |
| | | | | | | | 23. _____ |
| 8. | The counselor seemed restless while talking to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. _____ |
| | | | | | | | 25. _____ |
| | | | | | | | 26. _____ |
| 9. | In our talks, the counselor acted as if he were better than I. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. _____ |
| | | | | | | | 28. _____ |
| | | | | | | | 29. _____ |
| 10. | The counselor's comments helped me to see more clearly what I need to do to gain my objectives in life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. _____ |
| | | | | | | | |
| 11. | I believe the counselor had a genuine desire to be of service to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | | |
| 12. | The counselor was awkward in starting our interview. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Always Often Sometimes Rarely Never

- | | | | | | | |
|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 13. | I felt satisfied as a result of my talks with the counselor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | The counselor was very patient. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Other students could be helped by talking with counselors. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | In opening our conversations, the counselor was relaxed and at ease. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | I distrusted the counselor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | The counselor's discussion of test results was helpful to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | The counselor insisted on being always right. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | The counselor gave the impression of "feeling at ease". | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | The counselor acted as if he had a job to do and didn't care how he accomplished it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

DO NOT WRITE BELOW THIS LINE

Co: _____ C# _____ CS: _____

APPENDIX F

Intake Interview Form

Client _____ Age _____ Date _____
Address _____ Interviewer _____
Phone _____ Referred By _____
Sex _____ Education _____
Marital Status _____ Employed While in School _____

- I CLIENT'S PERCEPTION OF PROBLEM
- II DEVELOPMENT OF PROBLEM
- III BEHAVIORAL OBSERVATIONS AND SYMPTOMS AT PRESENT
- IV FAMILY DATA
- V PREVIOUS TESTING
- VI PREVIOUS COUNSELING
- VII TENTATIVE CLASSIFICATION
- VIII DYNAMICS
- IX CLIENT'S RESPONSE TO INTERVIEWER
- X COMMUNICATIVENESS
- XI ADDITIONAL REMARKS

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